Activity Title: EMS Safety CPR/AED For Professional Rescuers

Instructor Name:	
EMS Safety Instructor Number:	
CECBEMS Activity Number:	08-CECB-F2-0858
Course Topic/Presentation*:	All
Number of CEH:	6
Course Date of Completion:	
Course Location:	
Category of CEH:	Basic

First Name	Last Name	Email Address*	City of Residence	State of Licensure	State License #	Type/level of License	License Expiration Date	NREMT Registration Number*	NREMT Registration Date*

* if applicable