

## Community Paramedicine Skills for Maintenance of Certification Form

Please complete all applicable fields and explain how your Community Paramedicine practice relates to 9-1-1 paramedic care.

Full Name:	
EHS #:	
Paramedic Service:	

Please describe the Community Paramedicine activity you were involved with and how it relates to 9-1-1 paramedic care:

Hours conducted:	
Number of patients treated:	

Paramedic skills utilized (E.g.: Medication administration, IV initiation, airway management etc.)

Please describe what was learned during this Community Paramedicine activity as it relates to 9-1-1 paramedic care:

Please describe how involvement in this Community Paramedicine activity will impact/enhance your 9-1-1 paramedic practice: