

# **CAPCE CEH Data Collection Form**

American Safety & Health Institute

Please print or type.

## **Instructions**

#### Students:

Continuing Educations Hours (CEH) for EMS professionals are available from the Health and Safety Institute (HSI), a nationally accredited organization of the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE, formerly CECBEMS). To ensure receipt and proper reporting of your CEH to the state or NREMT via CAPCE, please provide all requested information.

## Instructors/Training Centers:

The Training Center Director must purchase credits for CAPCE CEH and submit the EMS Professional's information to HSI on an electronic roster. The roster is located in the online Training Center Manager. Once the EMS Professional's is entered into the system and submitted, HSI will report the CEH electronically to the CAPCE Accreditation Management System. Training Centers will also have the option of printing or emailing a certificate of CAPCE CEH to the student directly from Training Center Manager.

# EMS Professional Information: Full Name \_\_\_ Mailing Address \_\_\_\_\_ \_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_ \_\_\_\_\_\_ Telephone \_\_\_\_\_ NREMT (complete this section if CEH is to be reported to NREMT) License State License CE Level (check one) ☐ AEMT ☐ CFR ☐ EMR ☐ EMT □EMT-1 □EMT-B □ EMT-D □ EMT-Int □ EMT-2 □ EMT-P □ Paramedic □ Other\_\_\_\_\_ Expiration Date NREMT License Number \_\_\_\_\_ License City\_\_\_ Level (check one) Basic Advanced Operational Management Educator Emergency Medical Responder State License (complete this section if CEH is to be reported to State Agency) License State \_\_\_\_\_ License CE Level (check one) ☐ AEMT ☐ CFR ☐ EMR ☐ EMT □ EMT-1 □ EMT-B ☐ Paramedic ☐ Other □EMT-D □EMT-Int □EMT-2 □EMT-P Expiration Date\_\_\_\_\_ State License Number\_\_\_\_ License City\_\_\_ Level (check one) ☐ Basic ☐ Advanced ☐ Operational ☐ Management ☐ Educator ☐ Emergency Medical Responder Student Privacy Statement (must complete this section)

I understand that as a requirement of CAPCE accreditation, ASHI will submit a record of my course completions to the CAPCE Accreditation Management System. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE-accredited course completions by contacting CAPCE.

☐ Student Acknowledgement: Please check box to confirm that you have read the statement above.