



ALASKA STATE MEDICAL BOARD

Department Of Community and Economic Development
Division of Occupational Licensing
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MOBILE INTENSIVE CARE PARAMEDIC VERIFICATION OF CONTINUING MEDICAL EDUCATION

INSTRUCTIONS: Complete this form and have it signed by the host hospital's emergency room physician or nurse with whom you worked. **The time being claimed in the emergency room must be utilized in a manner that enhances the paramedic's knowledge base and must be specifically related to the scope of practice for paramedics as defined by regulation 12 AAC 40.370.** The paramedic may claim no more than 20 hours worked in the emergency room in this manner. Retain this document for your continuing medical education records in the event you are audited. Please print legibly.

The following time spent in the emergency room post delivery of patients in conjunction with a mission of an ambulance/fire fighter medical unit may be recognized by the state of Alaska as continuing medical education. This time may be counted toward satisfying the State Medical Board's requirements for CME for paramedics.

Printed Paramedic Name (Last, First, MI) AK License No. Paramedic Signature

Time Claimed (In 15 min. Increments): Hours: _____ Mins.: _____

Date of Education Being Claimed: _____

DESCRIPTION OF
SPECIFIC ACTIVITY, _____
TOPIC, OR _____
PROCEDURE _____
COVERED _____

I hereby certify that I worked directly with the paramedic named above in an on-the-job educational capacity on the topics shown. I affirm to the State Medical Board that I consider this time to be individual continuing medical education that is directly related to the duties of a mobile intensive care paramedic.

Printed Name of Certifying ER MD/DO, PA-C, ANP, or RN Signature of Certifying ER MD/DO, PA-C, ANP, or RN Date

Alaska License No. _____ Hospital/Institution _____