



## CCT Continuing Education Record

**Name:**

**CCT Number:**

Topic	Required Hours	Date	Verification
Lab and X-Ray Interpretation	2		
Pharmacology	2		
Respiratory Management	2		
Cardiac Management	2		
Shock Management	2		
Pediatric Management	1		
OB/GYN Management	1		
CNS Neurological Management	1		
Invasive Monitoring	1		
CCT Trends and Special Topics	2		
<b>Total Hours</b>	<b>16</b>		

I affirm the above to be a true and accurate accounting of the CCT continuing education I have completed.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Applicant's Signature</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>
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\* Verification of course completion may be by Instructor Signature, STO Signature, submission of certificate of completion from approved training agency or other approved method.

All course work must be completed ninety (90) days prior to expiration.