

**West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Emergency Medical Services**

**First Responder Continuing Education Activity Record**

Name:  _____	WV First Responder Cert No.: _____	Expiration Date:  _____
Last                      First                      Middle		
Address:  _____	Squad:  _____	
Street		
City                      State                      Zip                      County		

Lesson	Topic	Date	Location	*Instructor
1-1	Introduction to EMS Systems			
1-2	Well-Being of the First Responder			
1-3	Legal and Ethical Issues			
1-5	Lifting and Moving Patients			
2-1	Airway			
2-1a	Airway Practical			
3-1	Patient Assessment			
3-1a	Patient Assessment-Practical			
3-1b	Communication and Documentation			
3-1c	Viral, SAMPLES, DOTS			
4-1	Circulation			
4-1a	Automatic External Defibrillators (AED)			
4-1b	AED Practical			
5-1	Medical Emergencies			
5-2	Bleeding and Soft Tissue Injuries			
5-3	Injuries to Muscles and Bones			
6-1	Childbirth			
6-2	Infants and Children			
7-1	EMS Operations			

2-hour block

\* I certify the above named individual has completed at least one hour in each of the above required lessons.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Squad Training Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Squad Medical Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_