



**Public Education Volunteer
CME Hours Submission Form
Ambulance Paramedics of BC ~ CUPE Local 873**

Member & Event Information:

Member Name: _____
Member License Number: _____
Event Name: _____
Event Coordinator: _____
Event Location: _____
Event Date: _____
Total Event Hours: _____

Event Participation Details:

Check off as many of the following that apply to this event:

- CPR Demos
- First Aid Demos
- Kids safety in the home
- Trip hazards in the home for seniors
- When and or how to call 911
- Water safety instruction
- Winter Hazard awareness
- Ice Safety instruction
- Choking instruction
- Kids Safety around open windows
- Other safety instruction or Demos:

I, _____, did personally attend and participate in the full amount of hours stated on this form.

I understand this request for CME credits will be reviewed and verified by the PE Event Coordinator (_____) for accuracy, before credits are awarded.

Complete and sign this form, then submit to:

- EMA Licensing, with your request for CME credits
- APBC Public Education office at: public.ed@apbc.ca

Member Signature

Date Signed