

ALS Category 1 Individualized CE Program Worksheet

Virginia Office of EMS
 Division of Educational Development
 1041 Technology Park Drive
 Glen Allen, VA 23059

804-888-9120

This form is for an ALS CE Program that may not specifically meet the 30 hour NCCR CE Requirements.

Instructor Name: _____

Program Title: _____

Begin Date: _____ End Date: _____

National Continued Competency Requirements		
Area	Broad Topic Request	REQUEST HOURS
16	Airway, Ventilation & Respiration	
17	Cardiovascular	
18	Trauma	
19	Medical	
20	Operations	

National Continued Competency Requirements		
AREA	Specific Topic Request	REQUEST HOURS
16	Airway, Ventilation & Respiration	
	Artificial Ventilation	
	Capnography	
	Advanced Airway Management	
	Oxygenation	
17	Cardiovascular	
	Post Resuscitation Care	
	Ventricular Assist Devices (VADs)	
	Stroke	
	Cardiac Arrest	
	Congestive Heart Failure	
	Pediatric Cardiac Arrest	
	Acute Coronary Syndrome	
	Chest Pain from Cardiovascular Disease	
	Cardiac Rate Disturbance	
18	Trauma	
	Central Nervous System (CNS) Injury	
	Tourniquets	
	Field Triage	
	Fluid Resuscitation	

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19	Medical	
	Special Healthcare Needs	
	OB Emergencies	
	Communicable Disease	
	Medical Delivery	
	Pain Management	
	Psychiatric Emergencies	
	Toxicological Emergencies	
	Endocrine	
	Immunological Diseases	
20	Operations	
	At-Risk Populations	
	Pediatric Transport	
	Culture of Safety	
	Affective Characteristics	
	Crew Resource Management	
	Role of Research	

Please indicate the number of hours requested in each of the topic areas and attach to TR-01 – Course Approval Request Form.