

BLS 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

Instructor Name: _____

Program Title: _____

Begin Date: _____ End Date: _____

AREA	BROAD TOPIC DESCRIPTION	HOURS REQUESTED
11	Airway, Ventilation & Respiration	
12	Cardiovascular	
13	Trauma	
14	Medical	
15	Operations	

AREA	SPECIFIC TOPIC DESCRIPTION	HOURS REQUESTED
11	Ventilation	
11	Oxygenation	
12	Post-Resuscitation Care	
12	Ventricular Assist Devices (VADs)	
12	Stroke	
12	Pediatric Cardiac Arrest (Lecture)	
12	Pediatric Cardiac Arrest (Lab)	
12	Chest Pain from Cardiovascular Disease	
12	Cardiac Rate Disturbance (Pediatric)	
13	Central Nervous System (CNS) Injury	
13	Tourniquets	
13	Field Triage	
14	Special Healthcare Needs	
14	OB Emergencies	
14	Communicable Disease	
14	Psychiatric & Toxicology Emergencies	
14	Endocrine	
14	Immunologic Disease	
15	At-Risk Populations	
15	Pediatric Transport	
15	Affective Characteristics	
15	Role of Research	