



BLS CAT 1 Individualized CE Program Worksheet

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	

Broad	Subtopics	EMR	EMT	HOURS REQUESTED
ARV	Ventilation			
	Capnography	N/A	N/A	
	Oxygenation			
	Total ARV Hours	1	1.5	
Cardiology	Post-Resuscitation			
	VADs	N/A		
	Stroke			
	Cardiac Arrest			
	Pediatric Cardiac Arrest			
	CHF	N/A	N/A	
	ACS	N/A	N/A	
	Total Cardiology Hours	2.5	6	
Trauma	Trauma Triage	N/A		
	CNS Injury			
	Hemorrhage Control	N/A		
	Fluid Resuscitation	N/A	N/A	
	Total Trauma Hours	0.5	1.5	

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Broad	Subtopics	EMR	EMT	HOURS REQUESTED
Medical	Special HC Needs	N/A		
	OB Emergencies			
	Infectious Disease			
	Medication Delivery	N/A	N/A	
	Pain Management	N/A		
	Psychiatric			
	Toxicological/Opioids			
	Neurological/Seizures			
	Endocrine/Diabetes			
	Immunological			
	Total Medical Hours	3	6	
Operations	At-Risk Populations	N/A		
	Ambulance Safety	N/A		
	Field Triage			
	Hygiene/Vaccinations			
	Culture of Safety			
	Pediatric Transport	N/A		
	Crew Resource Mgmt	N/A		
	Role of Research	N/A		
	Evidence Based Guidelines	N/A		
	Total Operations Hours	1	5	
TOTAL National Component Hours		8	25	