

S-SV EMS AGENCY MICN REAUTHORIZATION CONTINUING EDUCATION DOCUMENTATION FORM

EMS PROVIDER RIDE-ALONG LOG

Note: Each for (4) hour ride-along period must include two (2) ALS contacts or two (2) ALS patient scenarios.

RIDE-ALONG PERIOD #1	
EMS Provider Agency	
EMS Provider Agency Unit ID	
Ride-Along Date	
Total Ride-Along Hours	
Number of Contacts/ Scenarios	
RIDE-ALONG PERIOD #2	
EMS Provider Agency	
EMS Provider Agency Unit ID	
Ride-Along Date	
Total Ride-Along Hours	
Number of Contacts/ Scenarios	
RIDE-ALONG PERIOD #3	
EMS Provider Agency	
EMS Provider Agency Unit ID	
Ride-Along Date	
Total Ride-Along Hours	
Number of Contacts/ Scenarios	