MEDICAL CONTINUING EDUCATION FORM
CHICAGO POLICE DEPARTMENT

NOTE: FOR USE BY AUTHORIZED PERSONNEL ONLY.

DATE	STAR NO.	EMPLOYEE NO.

STUDENT INFORMATION

LAST NAME	FIRST	MIDDLE

ADDRESS

CPD UNIT OF ASSIGNMENT	RESOURCE HOSPITAL	ILLINOIS STATE SITE CODE

MODULE NUMBER	MODULE/CLASS TITLE	MODULE/CLASS/CLINICAL LOCATION	TOTAL CLASS HOURS

PARAMEDIC/EMT/EMR EVALUATION

AA= ABOVE AVERAGE S= SATISFACTORY NI= NEEDS IMPROVEMENT

____ VITAL SIGN (SPECIFY) _____

____ START & REGULATE IV

____ AIRWAY MANAGEMENT

____ MONITOR HOOK-UP & RHYTHM INTERPRETATION

____ DEFIBRILLATION ____ CARDIOIVERSION

____ HEMORRHAGE CONTROL ____ BANDAGING

____ TRIAGE

____ SPLINTING

____ BREATH SOUNDS

____ ADMINISTER DRUG (SPECIFY) _____

____ SUCTION

____ CARDIOPULMONARY RESUSCITATION (SPECIFY)

_____

____ ARRHYTHMIA TREATMENT

____ TOURNIQUET PLACEMENT

____ NEUROLOGICAL EXAM

____ LABOR & DELIVERY (SPECIFY)

COMMENTS

PARAMEDIC/EMT/EMR SIGNATURE

EVALUATOR'S SIGNATURE	EVALUATOR'S PRINTED NAME

APPROVED: UNIT COMMANDING OFFICER'S SIGNATURE STAR NO.