Agency_____ Date:_____

EMS Personnel Record for License Renewal

| Last Name | First Name | Level of License | License Number | Expiration Date | BLS Expiration | MABEE & Narcan Study Initial/ Annual Refresher | ACLS Expiration (MDHHS Accepted) | ALS Only Expanded Scope Initial Training/ Annual Refresher | ALS Only Critical Care Initial Training/ Annual Refresher |
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