



PRIMARY INSTRUCTOR ACTIVITY REPORT

State Form 20558 (R / 9-10)



Indiana Certification number		Continuing Education Reporting Date (month, day, year)	
Printed name (last, first, middle initial)			Driver's license or State Identification number
Home address (number and street, city, state, and ZIP code)			
Home telephone number ()		Work telephone number ()	

EMERGENCY MEDICAL SERVICES (EMS) REGISTRANT SIGNATURE

I, the undersigned Primary Instructor, hereby affirm, under the penalties of perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the State of Indiana Emergency Medical Services Commission. I also understand that the State of Indiana Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

Have you been charged or convicted of a crime other than minor traffic violations?

☐

Yes

☐

No

Signature of Primary Instructor		Printed name of Primary Instructor	Date signed (month, day, year)
Name of affiliated training institution			
Signature of approving training institution official (original signature only)		Printed name of approving training institution official	Date signed (month, day, year)

INSTRUCTOR CONTINUING EDUCATION ADULT EDUCATION TECHNIQUES

DATE (month, day, year)	TOPIC	HOURS
TOTAL HOURS (12 minimum)		

TEACHING HOURS	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
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98	98
99	99
100	100

List below the course numbers or in-service information, totaling a minimum of eighty (80) hours taught.

COURSE NUMBER	DATE <i>(month, day, year)</i>	TOPIC	HOURS
TOTAL TEACHING HOURS			