

1. NAME:	2a. LICENSE/CERTIFICATE NUMBER: _____
	2b. Date of Expiration: _____
	2c. Type of License/Certification: _____

3. EDUCATION

Institution	Degree/Certificate	Area of Study	Year Graduated

4. Affiliation/Recent Work History in EMS (if applicable)

Agency	Position	Clinical Area	From Mo/Yr	To Mo/Yr

5. INTUBATION - EXPERIENCE:

# of intubations done	Use of LMA
Simulation <input type="text" value="0"/>	No experience <input type="checkbox"/>
Live <input type="text" value="0"/>	Some experience <input type="checkbox"/>
	Competent <input type="checkbox"/>

6. Hobbies/Interests/What do you like about your field? __