CBT / OTEP RECERTIFICATION TRAINING RECORD

Name _____ State Registry #_____

2004

Date	Course	Course Title	Written Score	Practical Date	Instructor
	CBT 301	Soft Tissue Injuries			
	CBT 433	Abdominal Pain			
	CBT 443	Altered Mental States			
	CBT 536	Pediatric Trauma			
	CBT 620	Infectious Disease			

2005

Date	Course	Course Title	Written Score	Practical Date	Instructor
	CBT 385	Environmental Emergencies			
	CBT 425	Respiratory Emergencies			
	CBT 521	OB / GYN Emergencies			
	CBT 620	Infectious Disease			
	CBT 933	Behavioral Emergencies			

2006

Date	Course	Course Title	Written Score	Practical Date	Instructor
	CBT 434	Cardiovascular Emergencies			
	CBT 442	Stroke			
	CBT 445	Head / Spine Injuries			
	CBT 450	Diabetic Emergencies			
	CBT 620	Infectious Disease			
	CBT 930	Death and Dying			

Additional Training

Date	Course	Course Title	Written Score	Practical Date	Instructor
	CBT 241	Pulse Oximetry			
	CBT 242	Glucometry			

Training Officer/Division _____ Date _____