



This is not a required document, but is being provided to be used for your own class tracking toward the completion of Trauma Certificate requirements. You'll need this information when applying for your certificate.

• **5 Core Courses (Virtual) = 10 hours**

1. Date: _____ Title: _____

2. Date: _____ Title: _____

3. Date: _____ Title: _____

4. Date: _____ Title: _____

5. Date: _____ Title: _____

• **Elective Class Requirement = 22 hours**

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Date: _____ CECHs: _____ Title: _____

Total CECHs: _____

Classes must be completed within a 4 year time frame. Duplicate this form if needed.

