



## CAPCE Privacy Notice

I understand that Wilderness Medical Associates, as a requirement of CAPCE accreditation, will submit a record of my course completions to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE accredited course completions by contacting CAPCE.

### CAREFULLY READ BEFORE SIGNING!

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

In order for your CE's to be submitted to CAPCE, you must fill out the following information completely:

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

State of EMS Licensure: \_\_\_\_\_

EMS License Level: \_\_\_\_\_

State EMS License #: \_\_\_\_\_

State EMS License Expiration Date (mm/dd/yyyy): \_\_\_\_\_

NREMT License # (if applicable): \_\_\_\_\_

NREMT License Expiration Date (mm/dd/yyyy): \_\_\_\_\_