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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 1 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 2 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 3 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 4 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 5 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 6 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 7 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 8 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 9 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| **Signature** |  | **Typed Name** |  | **Date** |
| **Hospital CEO/Administrator** |  | **Hospital CEO/Administrator** |  |  |
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| (Note: The signature of the Hospital CEO/Administrator verifies that all information is current and accurate.) | | | | |

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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 11 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 12 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 13 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 14 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 15 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 16 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 17 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 18 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 19 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| **Hospital CEO/Administrator** |  | **Hospital CEO/Administrator** |  |  |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 21 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 22 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 23 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 24 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 25 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 26 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 27 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| **Hospital CEO/Administrator** |  | **Hospital CEO/Administrator** |  |  |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 31 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 32 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 33 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 35 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 36 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 37 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 39 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| **Hospital CEO/Administrator** |  | **Hospital CEO/Administrator** |  |  |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 41 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 42 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 43 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 45 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 47 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 51 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 52 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 53 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 55 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 56 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 61 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 62 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 65 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 71 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 72 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 73 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| Physician Name | | F=Full Time  P=Part Time | Date of ED Hire | Board Certification | **Exp.** or **MOC**  **Exp.** Date | **Course Completion** | | Exp.Date | # of HRS of Pediatric Emergency related CME  **(16 HRS/past 2 years required)** |
| **APLS** | **PALS** |
| 81 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 82 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| **APLS** | **PALS** |
| 91 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
| 92 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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| 95 | Click here to enter text. | F/P | Date | Click here to enter text. | Date |  |  | Date | Click here to enter text. |
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