

## PEMA RADIOLOGICAL INSTRUCTOR - RECERTIFICATION

Name: Title: Agency: Address: City/State: Phone:	Zip Code:  Mobile Phone:			
Email: Last Four #				
	Course		Date Completed	Certificate(s) Enclosed
1. <b>Instruct</b> instruction radiologic Complete education	ional Time: 32-hours at minimum in biennially (should conduct at least course annually). It biennially at least 8-hours of a control program related to the instructor vocational education program, or instruction or instruction of the instructor o	n of active ast one ontinuing -'s specialty, in		
NOTE:	Use reverse side of this page to iden	ntify courses taught	and continuing of	education.
PEMA Revie	ew	PEMA Sta	te Training C	Officer
Signature:		Signature:		
Name (Print):		Name (Print	t):	
Date:				
Approved	Denied ☐			





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**Instructions:** Fill out each series of boxes for each course you have taught. For instructor hours, please only include hours in which you were directly involved. For example, if you were only present for a single (8) hour day out of a (24) hour day you would receive credit only for the (8) hours. For the instructor role, please designate if you were the lead or adjunct instructor.

**NOTE:** As an instructor, you will also need 32 hours of instruction time and eight hours of continuing education every two years.

Course Name	Course Start Date	Hours	Instructor Role Lead or Adjunct

Continuing Education Course	Course Date(s)	Hours

