EMS TRAINING PROGRAM COURSE COMPLETION RECORD

Training Center Name:	
Location of Training:	

I. Type of Course:

Please choose

If Other:

II. Acknowledgment:

I hereby certify that the person(s) whose name(s) and address(es) listed below have achieved the class status as indicated, and that this record concurs with the records of the training institution. I also certify that the individuals participating in the final examination did so after verification of completion of all modules of the course. The class has been informed of certification requirements and has been provided with the Certification Application Form and the appropriate certification protocol.

Date of Exam: _____

Signature of Principal Instructor: _____

Lic./Cert. Number: _____

Date: _____

III. Signature:

I hereby certify that all persons listed below who have successfully completed the course and passed the final examination were issued Course Completion Records on (date) _____.

Signature of Program Director: _____

Date: _____

IV. Course Roster *(Please Print or Type Names Alphabetically)*

	Last Name, First Name, MI.	Address	Cert. #	Outcome (Mark "x") INCOMP	DROP	PASS	FAIL
1							
2							
3							
4							
5							
6							
7							
8							

9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							

50							

INSTRUCTIONS:

All sections must be completed. Section I should be completed by Principal Instructor. The Program Director must complete and sign Section III and ***submit the original form with all the original signatures*** to the Riverside County EMS Agency within fifteen (15) days of the completion of the course.

(Authority: Division 9 of Title 22 of the California Code of Regulations)

County of Riverside Emergency Management Department
Division of Emergency Medical Services Agency
450 E. Alessandro Blvd.
Riverside, CA 92508
951-358-5029