

# Marion County Emergency Medical Service

## *Certificate of Attendance*

This is to document that



\_\_\_\_\_  
Name of attendant

Has attended the following:

\_\_\_\_\_  
Title of course

For \_\_\_\_\_ hours on \_\_\_\_\_ at \_\_\_\_\_  
Date Location of Class

Presented By: Marion Co. EMS

\_\_\_\_\_  
Instructor Name:

\_\_\_\_\_  
Instructor Credential

**PP-3271**  
CIN #

Signature of Sponsor or Instructor \_\_\_\_\_ Date \_\_\_\_\_

Approved program provider by the Kansas Board of EMS