

Sponsoring Agent: MARION COUNTY EMS
 Crew Meeting: (Continuing Education Roster)

OFFICE	<input type="checkbox"/>	Crew Paid
USE ONLY	<input type="checkbox"/>	CEU Hours Posted

Marion County EMS as an approved program provider _____ awards _____ hours of EMS continuing education credit for completion of this program.

Subject: _____ Date: _____ - _____ - _____

Crew: _____ Location: _____

Instructor: _____ Credentials: _____

Signature of Participant: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

BEMS #:	Time In	Time Out	Hours Awarded

I hereby certify that this attendance record is accurate and those persons listed above did complete the hours awarded for this continuing education course.

_____ Date: _____ - _____ - _____

Signature of site coordinator