

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 PP #3271 awards _____ hours of EMS continuing education credit for completion of this program.

Subject: _____ Date: _____ - _____ - _____

Crew: _____ Location: _____

Instructor: _____ Credentials: _____

<u>Signature of Participant:</u>	<u>BEMS #:</u>	<u>Hours Awarded</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

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

Signature of site coordinator

Date: _____ - _____ - _____