

# EMT CONTINUING EDUCATION CLASS ROSTER

Date: \_\_\_\_\_  
page \_\_\_\_\_ of \_\_\_\_\_



## NEOAHEC

Site/Address: \_\_\_\_\_

Signature of Site Coordinator: \_\_\_\_\_

\* As Site Coordinator, I certify that the following people attended this program and the signatures are their own.

Name (Legible signature <b>and</b> printed name are needed for our records)	Mailing Address - <b>Please Print</b>	Agency	Birthdate	Current Certification Level	Optional, used only for numbers reports. Minority or Cultural background (circle)
Print Name: Signature:					American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:					American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
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