Course Roster

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Course/Topic Name: _____ **Date:** ___/___/_____
MM / DD / YYYY

Course Number: _____ **Topic Number:** _____ **Course Type:** _____
Do not place on roster until after the class. (Didactic or Skill)

Initial Program: ☐ **CE Program:** ☐ **Auxiliary Program:** ☐

Number of CE Hours Taught: _____ **Was CE submitted electronically?** ☐ Yes ☐ No

#	Name PRINT	Certification #	Level	Signature SIGN
01				
02				
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13				

I hereby certify that this course and topic was taught to the above students and that the number of continuing education (CE) hours is accurate and a truthful accounting of the hours per the guidelines for this course.

_____ _____ _____
Instructor, Printed Name Signature Date

Virginia Office of Emergency Medical Services
www.vdh.virginia.gov/oems
EMSTF.TR.06
Revised: February 2012

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#	Name PRINT	Certification #	Level	Signature SIGN
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#	Name PRINT	Certification #	Level	Signature SIGN
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#	Name PRINT	Certification #	Level	Signature SIGN
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Instructor, Printed Name Signature Date