

# EMS Course Roster

**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 <small>PRINT</small>	Certification #	Level	Signature <small>SIGN</small>
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____
05	_____	_____	_____	_____
06	_____	_____	_____	_____
07	_____	_____	_____	_____
08	_____	_____	_____	_____
09	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
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

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Topic Number: \_\_\_\_\_

Course Type: \_\_\_\_\_  
(Didactic or Skill)

#	Name PRINT	Certification #	Level	Signature SIGN
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____
25	_____	_____	_____	_____
26	_____	_____	_____	_____
27	_____	_____	_____	_____
28	_____	_____	_____	_____
29	_____	_____	_____	_____

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\_\_\_\_\_  
Instructor, Printed Name    Signature    Date



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Course Type: \_\_\_\_\_  
(Didactic or Skill)

#	Name <small>PRINT</small>	Certification #	Level	Signature <small>SIGN</small>
30	_____	_____	_____	_____
31	_____	_____	_____	_____
32	_____	_____	_____	_____
33	_____	_____	_____	_____
34	_____	_____	_____	_____
35	_____	_____	_____	_____
36	_____	_____	_____	_____
37	_____	_____	_____	_____
38	_____	_____	_____	_____
39	_____	_____	_____	_____
40	_____	_____	_____	_____
41	_____	_____	_____	_____
42	_____	_____	_____	_____
43	_____	_____	_____	_____
44	_____	_____	_____	_____
45	_____	_____	_____	_____

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\_\_\_\_\_  
Instructor, Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Virginia Office of Emergency Medical Services**

1041 Technology Park Drive  
Glen Allen, VA 23059  
804-888-9120

<http://www.vdh.virginia.gov/emergency-medical-services/>

EMS.TR.06  
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#	Name <small>PRINT</small>	Certification #	Level	Signature <small>SIGN</small>
46	_____	_____	_____	_____
47	_____	_____	_____	_____
48	_____	_____	_____	_____
49	_____	_____	_____	_____
50	_____	_____	_____	_____
51	_____	_____	_____	_____
52	_____	_____	_____	_____
53	_____	_____	_____	_____
54	_____	_____	_____	_____
55	_____	_____	_____	_____
56	_____	_____	_____	_____
57	_____	_____	_____	_____
58	_____	_____	_____	_____
59	_____	_____	_____	_____
60	_____	_____	_____	_____

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Instructor, Printed Name    Signature    Date