



EMS COURSE COMPLETION RECORD

This is the course completion record for the _____
 course completed on _____.

Student Name	Date of Birth	Last 4 digits of SSN
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We attest that the above-named persons have successfully completed the Health District approved course and practical skills in accordance with the provisions set forth in the SNHD EMS Procedure Manual.

_____, M.D./D.O. _____
 Course Medical Director Date

 Course Coordinator Date