



# EMS COURSE COMPLETION RECORD

This is the course completion record for the \_\_\_\_\_  
\_\_\_\_\_ class which was completed on \_\_\_\_\_.

Student Name	Address
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We certify that the above-named persons have successfully completed the course named above and have demonstrated proficiency in all course skills as listed on the Health District Skills Proficiency Record.

\_\_\_\_\_, M.D./D.O. \_\_\_\_\_  
Course Medical Director Date

\_\_\_\_\_  
Course Coordinator Date

( ) Mail certificate to  
Course Coordinator