



EMS COURSE COMPLETION RECORD

This is the course completion record for the _____ course completed on _____. Course approval number _____.

Student Name	Date of Birth	Personal email address
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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 Regulations and EMS Procedure Manual.

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

 Course Coordinator Date