



## PARAMEDIC DIDACTIC/CLINICAL COURSE COMPLETION

This form documents the successful completion of the didactic and clinical portions of the \_\_\_\_\_ paramedic training program which will allow the following individuals to take the ALS Licensure examination. Upon successful completion of the examination, these individuals will be eligible to be issued a Provisional License to complete the field internship portion of their paramedic training.

Student Name	Date of Birth	Email
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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