



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	Last 4 digits of SSN
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We certify 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