CENTRAL CALIFORNIA EMS AGENCY ATTENDANCE ROSTER

SPONSORING AGENCY	OR ORGANIZATION						
Course / Lecture Title			No. of Hours Date				
Speaker / Lecturer							
EMS CE Provider Number			Approved for: ☐ EMT-I ☐ EMT-II ☐ EMT-P/MICN ☐ EMS-Dispatcher				
Name	License #	Agency	Time In/Out	Name	License #	Agency	Time In/Out
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Instructor Signature_____