

Course Number:		Date:				
		Topic Number:		MM / DD / YYYY Course Type:		
	Do not place on roster until after the class.	65 B		(Didactic or Skill)		
	Initial Program:	CE Program:		Auxiliary Program:		
Number of CE Hours Taught:		Was CE submit		ted electronically?		
#	Name PRINT	Certification #	Level	Signature SIGN		
01						
02						
03				-		
04						
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07		· -		-		
08						
09		· -		-		
10		· -				
11		· -				
12						
13						
I hereby certify that this course and topic was taught to the above students and that the number of continuing education (CE) hours is accurate and a truthful accounting of the hours per the guidelines for this course.						
Instructor, Printed Name		Signature		Date		

Virginia Office of Emergency Medical Services

1041 Technology Park Drive Glen Allen, VA 23059 804-888-9120



Course Number:	Topic Number:	Course 7	Гуре:	
Do not place on roster until after the	e class.		(Didactic or Skill)	
# Name PRINT	Certification #	Level	Signature SIGN	
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I hereby certify that this course and is accurate and a truthful accounting			umber of continuing education (CE) hou	rs
Instructor, Printed Name	 Signature		 Date	-

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Course Number:		Topic Number:	Cou	rse Type:
Do not plac	e on roster until after the class. Name	Certification #	Level	(Didactic or Skill) Signature
	PRINT	Certification #	Level	Sign
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is accurate and a trut	hful accounting of th	ne hours per the guidelines f		the number of continuing education (CE) hours
Instructor, Printed Name		Signature		Date

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Course Number:	Topic Number:	Course	e Type:
Do not place on roster until after the cla			(Didactic or Skill)
# Name PRINT	Certification #	Level	Signature SIGN
46			
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I hereby certify that this course and to is accurate and a truthful accounting c			e number of continuing education (CE) hours
Instructor, Printed Name	Signature		 Date

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