



## EMS COURSE COMPLETION RECORD

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

Student Name	Date of Birth	Last 4 digits of SSN
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We attest that the above-named persons have successfully completed the Health District approved course in accordance with the provisions set forth in the SNHD EMS Regulations and EMS Procedure Manual.

**Note: Documentation of successful completion of SNHD approved skills needs to be submitted to the OEMSTS prior to adding the student's name to the EMS Course Completion Record.**

\_\_\_\_\_, M.D./D.O. \_\_\_\_\_  
 Course Medical Director Date

\_\_\_\_\_  
 Course Coordinator Date