

Susquehanna Regional EMS Council, Inc.

NAME: _____ EMT# _____ LEVEL: EMT-B/ EMT-I/ EMT-CC/ EMT-P
(CIRCLE ONE)

EXP.DATE: _____

NAME- Print legibly	NAME - Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Date Taken: _____ Category: (Lecture, Drill, State Cert. Course,
Conference, recorded program) *circle one*

Topic: _____ Hours: _____

Presenter: _____ Location: _____

Method of evaluation: (test, feedback form, none) *circle one*

Document presented to recorder: (Certificate, Attendance list, 1st hand verification)
Circle one