



ATTENDANCE ROSTER
CONTINUING EDUCATION

Instructor's Signature

By signing, the instructor is attesting to the accuracy of the roster. Falsification of this document will result in immediate removal from the CE Program and possible licensure action by the Medical Control and/or Bureau of EMS, Trauma & Preparedness.

Table with 3 columns: DATE, TIME, APPROVAL #. Value: CE-16-6234

Table with 7 columns: Category, Topic, MFR, EMT, AEMT, MEDIC, IC

Main table with 4 columns: Name (please print), License Level, Email Address, and a numbered row index (1-20)