

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES OFFICE

PLEASE TYPE OR PRINT CLEARLY

PAGE \_\_\_ OF \_\_\_

Continuing Education Sponsor: \_\_\_\_\_ Sponsor ID Number

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Course Name: \_\_\_\_\_ End Date of Course

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Lead Instructor: \_\_\_\_\_ DOH Class Number:

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Lead Instructor Certification number & level if CE requested:

SIGN IN (Beginning of Class) Student Name (Last, First, MI)	Date Of Birth	Certification # & Level A= FR B= EMT C= EMT-P D= PHRN						L E V E L	Pass / Fail	County Code #	SIGN OUT (End of Class) Initials
1)											
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
10)											
11)											
12)											
13)											
14)											
15)											
LIST ASSISTANT INSTRUCTORS BELOW: (use additional sheets if needed)											
1)									Hrs:		
2)									Hrs:		
Lead Instructor Signature: _____											

**\* Note to lead instructor:** Your signature below indicates that the students listed as passing have successfully completed this program, and the assistant instructors listed have instructed in this program for the number of hours indicated:

County:	County Codes	Number:
Berks County	06	06
Bucks County	09	09
Chester County	15	15
Dauphin County	22	22
Delaware County	23	23
Lancaster County	36	36
Lehigh County	39	39
Lebanon County	38	38
Montgomery County	46	46
Northampton County	48	48
Philadelphia	51	51
Schuylkill County	54	54
York County	67	67

ROUTING

Regional EMS Council