

VIRGINIA OFFICE OF EMS ATTENDANCE ROSTER

COURSE COORDINATOR: _____ DATE: _____
Please Type or Print the Coordinator's Name Month / Day / Year of Class

COURSE NUMBER: _____ TOPIC NUMBER: _____
Do not place on roster until after the class.

Subject: _____

#	NAME <small>PRINT(FIRST LAST)</small>	CERTIFICATION #	LEVEL	SIGNATURE <small>SIGN</small>
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____
05	_____	_____	_____	_____
06	_____	_____	_____	_____
07	_____	_____	_____	_____
08	_____	_____	_____	_____
09	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____
25	_____	_____	_____	_____
26	_____	_____	_____	_____
27	_____	_____	_____	_____
28	_____	_____	_____	_____

**VIRGINIA OFFICE OF EMS
ATTENDANCE ROSTER**

#	NAME PRINT	CERTIFICATION #	LEVEL	SIGNATURE SIGN
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For use as instructor attendance record only. Does not replace submission of state CE cards for official reporting of CE hours. Do not submit this form to the office of EMS.

Course Coordinator/Instructor should save this form with other course records to verify student attendance at this class session.