

# COURSE CONTINUING EDUCATION ATTENDANCE ROSTER

Central Shenandoah EMS Council – 2312 W. Beverley St. – Staunton, VA 24401  
 Phone (540) 886-3676 Fax (540) 886-3735

## OFFICE USE ONLY

Entered in CE Database (Check box)  
 Date Entered:

**FOR USE AS INSTRUCTOR ATTENDANCE RECORD ONLY – DOES NOT REPLACE SUBMISSION OF STATE CE SCANCARD FOR OFFICIAL REPORTING OF CE HOURS. DO NOT SUBMIT THIS FORM TO THE OFFICE OF EMS.**

<b>COURSE INFORMATION</b> (Print Clearly) – Note: Limit of one course number per roster.			<input type="checkbox"/> ALS CE	<input type="checkbox"/> BLS CE
Course Number	Date	Location	Category (Check One) 1 (Required) 2 (Approved) Course Not Eligible for CE	
Topic Number (1)	Topic Description		Hours	
Topic Number (2)	Topic Description		Hours	
Topic Number (3)	Topic Description		Hours	
Topic Number (4)	Topic Description		Hours	
Lead Instructor		Adjunct Instructors		

<b>STUDENT INFORMATION</b> (Print Clearly)														
#	CERTIFICATION NUMBER										STUDENT NAME			AGENCY AFFILIATION
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Course Coordinator/Instructor should save this form with other course records to verify student attendance at this class session. **SUBMIT COPY TO CENTRAL SHENANDOAH EMS COUNCIL.**

**STUDENT INFORMATION** *(Print Clearly)*

#	CERTIFICATION NUMBER	STUDENT NAME	AGENCY AFFILIATION
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