

Program Attendance Record

Program Title: _____

Date: _____ Time: _____ Program Length: _____

Program Location: _____ Site Code: _____

<i>NAME (PRINT)</i>	<i>SIGNATURE</i>	<i>ADDRESS</i>	<i>LEVEL OR TITLE</i>	<i>AGENCY</i>	<i>LICENSE #</i>

This document is to be completed at all educational seminars approved by the SAMIC EMS System and mailed back or faxed to the EMS office at 757-6047. All personnel in attendance shall be required to provide the above information requested within each field to receive continuing educational credits.