Emergency Medical Services Agency
Public Health Department
Santa Clara Valley Health & Hospital System

County of Santa Clara
Emergency Medical Services Agency
EMS Update 2010 Course Completion Roster

Date of Course:_____ Provider Name:_____#_____

Instructor(s):_____

CE Hours Awarded: _____ Instructor Based ___ Non-Instructor Based Paramedic/BLS Coordinator Signature:_____

Last Name	First Name	Cert./License Number	Signature	Email Address

Fax to Kirsten Muehlenberg at 408-885-3538 following the course offering. All rosters must be received by January 20, 2010. Retain a copy for department / company records.