CEP Class Attendance Roster

EMS Provider Name _____ Date (m/d/yy) _____

Topic	Start Time	End Time	Instructor

EMT Name	SC Cert. #	EMT Signature	Last four of SS#

I verify that the above referenced class was conducted as indicated and ALL participants remained for the entire class and thereby are entitled to the appropriate credit.

_____

Signature: Primary Training Officer/Date