**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**
***Serving San Bernardino, Inyo, and Mono Counties***
**515 North Arrowhead Ave.**
**San Bernardino, CA 92415-0060**
**909-388-5823 FAX: 909-388-5825**

# MONTHLY CONTINUING EDUCATION CLASS LOG

**CE Provider Name:**

**CE Provider Number:**

**Month:**

| Date | Name of Class | Number Attending |
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| Totals | | |

***The provider shall submit this form by the tenth (10) of every month per Protocol Reference #14011***