



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

APPROVED CONTINUING EDUCATION CLASS ROSTER

Course Title: _____
 Course Location: _____
 Principal Instructor: _____ Date _____
 Provider Name: _____ Phone _____

TO INSURE CONTINUING EDUCATION CREDIT, THE INFORMATION BELOW SHALL BE CORRECT AND LEGIBLE

Name	State License#	Local Credential #	Name	State License#	Local Credential #

_____ Signature of Instructor Title _____
 _____ Signature of Program Director Date _____

This course has been approved for _____ hours of continuing education by an approved California EMS CE Provider and was (check one) instructor-based, non-instructor based. This document must be retained for a period of four (4) years. California EMS CE Provider, #62-_____

The Provider must send a copy of this roster to ICEMA within fifteen (15) days after the course was given.

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Name	State License#	Local Credential #	Name	State License#	Local Credential #