

MASTER ATTENDANCE LIST FOR EMT-BASIC REFRESHER

OEMS APPROVAL NUMBER _____

DIRECTIONS:

1. Fill out the top section of this form and the OEMS Attendance rosters for each session completely and accurately and make enough copies to accommodate expected number of attendees and number of sessions scheduled.
2. Ensure that each EMT fills in the printed name, MA EMT number and signs each roster for every session.
3. Print legibly or type the MA EMT number and name of each EMT on this form. Enter dates of each session in the slots provided and enter attendance for each session with an (X) or (√) mark. Session(s) not attended should be marked with a (-) or (o). Enter written and practical exam grades in slots provided and enter actual number of hours attended in last box.
4. Draw a single line through the MA EMT number and name of any EMT(s) that either did not attend every session, and/or failed the written and/or practical examinations.
5. Sign the Master List and Attendance Rosters attesting to the fact that the course was held as submitted to and approved by OEMS. Send the original rosters directly to OEMS within five (5) working days from the end of the course. It is recommended that you use a traceable or verifiable method to send the Master List and rosters. You should make and keep copies of the Master List and rosters for your records.

FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.

EMT-BASIC REFRESHER COURSE

COURSE SPONSOR: _____

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct of and actual attendance for this training course:

Signature of Lead Instructor or Course Coordinator

NOTE: Successful completion requires attending all mandatory topics and sessions, and passing written and practical exams in the minimum 24 hours.

DATES OF SESSIONS

EMT NUMBER	NAME (print or type)	DATES OF SESSIONS										PRACTICAL GRADE	WRITTEN GRADE	TOTAL HOURS
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

MASTER ATTENDANCE LIST FOR EMT-PARAMEDIC REFRESHER

OEMS APPROVAL NUMBER _____

DIRECTIONS:

1. Fill out the top section of this form and the OEMS Attendance rosters for each session completely and accurately and make enough copies to accommodate expected number of attendees and number of sessions scheduled.
2. Ensure that each EMT fills in the printed name, MA EMT number and signs each roster for every session.
3. Print legibly or type the MA EMT number and name of each EMT on this form. Enter dates of each session in the slots provided and enter attendance for each session with an (X) or (✓) mark. Session(s) not attended should be marked with a (-) or (o). Enter written and practical exam grades in slots provided and enter actual number of hours attended in last box.
4. Draw a single line through the MA EMT number and name of any EMT(s) that either did not attend every session, and/or failed the written and/or practical examinations.
5. Sign the Master List and Attendance Rosters attesting to the fact that the course was held as submitted to and approved by OEMS. Send the original rosters directly to OEMS within five (5) working days from the end of the course. It is recommended that you use a traceable or verifiable method to send the Master List and rosters. You should make and keep copies of the Master List and rosters for your records.

FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.

EMT-PARAMEDIC REFRESHER COURSE

COURSE SPONSOR: _____

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct of and actual attendance for this training course:

Signature of Lead Instructor or Course Coordinator

NOTE: Successful completion requires attending all mandatory topics and sessions, and passing written and practical exams in the minimum 48 hours.

DATES OF SESSIONS

EMT NUMBER	NAME (print or type)	DATES OF SESSIONS										PRACTICAL GRADE	WRITTEN GRADE	TOTAL HOURS
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

MASTER ATTENDANCE LIST - EMT-INTERMEDIATE ADD-ON REFRESHER

OEMS APPROVAL NUMBER

DIRECTIONS:

1. Fill out the top section of this form and the OEMS Attendance rosters for each session completely and accurately and make enough copies to accommodate expected number of attendees and number of sessions scheduled.
2. Ensure that each EMT fills in the printed name, MA EMT number and signs each roster for every session.
3. Print legibly or type the MA EMT number and name of each EMT on this form. Enter dates of each session in the slots provided and enter attendance for each session with an (X) or (✓) mark. Session(s) not attended should be marked with a (-) or (o). Enter written and practical exam grades in slots provided and enter actual number of hours attended in last box.
4. Draw a single line through the MA EMT number and name of any EMT(s) that either did not attend every session, and/or failed the written and/or practical examinations.
5. Sign the Master List and Attendance Rosters attesting to the fact that the course was held as submitted to and approved by OEMS. Send the original rosters directly to OEMS within five (5) working days from the end of the course. It is recommended that you use a traceable or verifiable method to send the Master List and rosters. You should make and keep copies of the Master List and rosters for your records.

FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.

EMT-I ADD-ON REFRESHER COURSE

COURSE SPONSOR: _____

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct of and actual attendance for this training course:

Signature of Lead Instructor or Course Coordinator

NOTE: Successful completion requires attending all mandatory topics and sessions, and passing written and practical exams in the minimum 12 hours.

DATES OF SESSIONS

EMT NUMBER	NAME (print or type)	DATES OF SESSIONS										PRACTICAL GRADE	WRITTEN GRADE	TOTAL HOURS
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

MASTER ATTENDANCE LIST FOR MULTI-SESSION PROGRAM

OEMS APPROVAL NUMBER _____

DIRECTIONS:

1. Fill out the top section of this form and the OEMS Attendance rosters for each session completely and accurately and make enough copies to accommodate expected number of attendees and number of sessions scheduled.
2. Ensure that each EMT fills in the printed name, MA EMT number and signs each roster for every session.
3. Print legibly or type the MA EMT number and name of each EMT on this form. Enter dates of each session in the slots provided and enter attendance for each session with an (X) or (√) mark. Session(s) not attended should be marked with a (-) or (o). Enter actual number of hours attended in last box.
4. Draw a single line through the MA EMT number and name of any EMT(s) that either did not attend every session, and/or otherwise failed to successfully complete all program requirements.
5. Sign the Master List and Attendance Rosters attesting to the fact that the course was held as submitted to and approved by OEMS. Send the original rosters directly to OEMS within five (5) working days from the end of the course. It is recommended that you use a traceable or verifiable method to send the Master List and rosters. You should make and keep copies of the Master List and rosters for your records.

FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.

PROGRAM TITLE: _____ COURSE SPONSOR: _____

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct of and actual attendance for this training course:

Signature of Lead Instructor or Course Coordinator

NOTE: Successful completion requires attending all mandatory topics and sessions. Original attendance rosters must accompany this Master List.

DATES OF SESSIONS

EMT NUMBER	NAME (print or type)	DATES OF SESSIONS										PRACTICAL GRADE	WRITTEN GRADE	TOTAL HOURS
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														