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

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL