

Level _____ Type _____ -
 Start Date _____ End Date _____
 Course # _____ Location _____



Idaho EMS Bureau

COURSE MASTER ATTENDANCE RECORD

Place a ✓ if present and leave blank if absent Copy for additional sessions

Session Date	Number of hours	Student Name
1		
2		
3		
4		
5		
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12		
13		
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15		
16		
17		
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20		

9/06

I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____
coordinator first name & coordinator last name