

**MCHENRY WESTERN LAKE COUNTY EMS SYSTEM**

**CONTINUING EDUCATION SIGN-IN**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**TOPIC:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

**SITE CODE:** \_\_\_\_\_

<b>NAME (PRINTED)</b>	<b>SIGNATURE</b>	<b>B/P/PHRN</b>	<b>DEPARTMENT</b>
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