



**NORTHWEST REGION
EMERGENCY MEDICAL SERVICES SYSTEM
ATTENDANCE FORM**



Class _____
 Location _____
 Date _____
 Time _____
 Instructor _____
 FD Officer _____

	PRINT Name	Signature	Out	In	Out for calls-no return
1	EMT PM				
2	EMT PM				
3	EMT PM				
4	EMT PM				
5	EMT PM				
6	EMT PM				
7	EMT PM				
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16	EMT PM				
17	EMT PM				
18	EMT PM				
19	EMT PM				
20	EMT PM				