



NORTHERN CALIFORNIA EMS, INC.

930 Executive Way, Suite 150, Redding, CA 96002
 Phone: (530) 229-3979 Fax: (530) 229-3984

COURSE COMPLETION RECORD

Training Institution: _____ **Location of Class** _____

Beginning Date: _____ **Ending Date:** _____ **Instructor:** _____

Course Title: _____

Total Hours of Course: _____

I hereby certify that the persons listed below are eligible to take the NREMT certification examination according to their final class status (B grade = 80% or better) and that these records concur with the record of the training institution. I also certify that individuals participating in the final/certifying exam did so after verification of completion of all required course hours.

 Signature of Approved Instructor _____
 Date

Instructions for completing Certification Course Record:

Course Record is to be completed by the Primary Course Instructor. Course Record must include all students eligible for certification.

Submit original to Nor Cal EMS Certification Dept. within 14 days.

Column 1 = Final overall course grade

Column 2 = Skills exam grade - Indicate "P" (pass), "F" (fail) or "I" (incomplete)

Column 3 = Final exam score (80% required to pass)

| PRINT OR TYPE Last Name, First Name Alphabetically | Address | 1 | 2 | 3 | Email | Phone |
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