Course Summary Form

Course Information:

Course # _____  Topic # _____

Type of Program: (Check appropriate box)

☐ First Responder Basic
☐ First Responder Refresher
☐ First Responder Required Topics
☐ EMT - Basic
☐ EMT - Refresher
☐ EMT - Required Topics
☐ Auto/Semiautomatic Defibrillator (Separate from F/R or EMT-B course)
☐ BLS CE Program: ____ (Program must include Cat. 1 Topics)

Number of students at beginning of course: ____  Date course ended: ____  Instructor Information:

List only STATE CERTIFIED EMT-INSTRUCTORS who assisted with teaching this course and the number of hours they taught.

NOTE: Each EMT-Instructor should submit Teaching Hours for every hour of instruction they provided in this course. Multiple Instructors may receive credit during the time periods used for small group and practical skills lessons.

Lead Instructor:  CERT#:  Hours:
________________________  ___________________  ____________

Assisting Instructors:

________________________  CERT#:  Hours:
________________________  __________________________________
________________________  CERT#:  Hours:
________________________  __________________________________
________________________  CERT#:  Hours:
________________________  __________________________________
________________________  CERT#:  Hours:
________________________  __________________________________

If additional Instructors assisted, please list them on the back of this form and check this space:

Name and signature of person submitting this information:

[PRINT NAME]  [SIGNATURE]  [DATE]

DO NOT SUBMIT THIS FORM FOR ALS COURSES OR PROGRAMS NOT CONTAINING BLS CATEGORY 1 CE HOURS
## Course Summary Form

### Assisting Instructors:
- **CERT#:** 
- **Hours:** 
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