

# Course Summary Form

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

## Course Information:

Course # \_\_\_\_\_ Topic # \_\_\_\_\_

Type of Program: (Check appropriate box)

- |   |  |
|---|--|
| <input type="checkbox"/> First Responder Basic  | <input type="checkbox"/> First Responder Refresher |
| <input type="checkbox"/> First Responder Required Topics                                      |  |
| <input type="checkbox"/> EMT - Basic  | <input type="checkbox"/> EMT - Refresher           |
| <input type="checkbox"/> EMT - Required Topics  |  |
| <input type="checkbox"/> Auto/Semiautomatic Defibrillator (Separate from F/R or EMT-B course) |  |
| <input type="checkbox"/> 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:	_____
	_____	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**

