

Certificate of Continuing Medical Education

This certificate is to verify that

has successfully completed

Course Completion Date

Approved for _____ Hour(s) of Continuing Medical Education (CME)

EMSP Level: _____

License State: _____

NREMT #: _____

License Number: _____

ADPH OEMS Approval #: _____

Sponsoring Agency: _____

Location of Course: _____

Course Instructor: _____

Instructor Signature: _____



Certificate ID: _____

Any questions or concerns regarding the quality of this course and/or instructor, or to verify the validity of this certificate may be directed to the course coordinator at