

## Emergency Medical Technician Clinical / Observation Attendance Verification

This is to introduce: \_\_\_\_\_, an EMT student. The student has completed the CPR portion of the program and is at your location to fulfill the Department of Transportation's 10 hours of clinical observation requirement for the Emergency Medical Technician program. Please fill out the information in the block below for attendance verification.

<b>LOCATION:</b> _____
<b>DATE:</b> _____ <b>TIME IN:</b> _____ <b>TIME OUT:</b> _____
<b>STAFF NAME (please print):</b> _____
<b>STAFF NAME (signature):</b> _____

<b>LOCATION:</b> _____
<b>DATE:</b> _____ <b>TIME IN:</b> _____ <b>TIME OUT:</b> _____
<b>STAFF NAME (please print):</b> _____
<b>STAFF NAME (signature):</b> _____

<b>LOCATION:</b> _____
<b>DATE:</b> _____ <b>TIME IN:</b> _____ <b>TIME OUT:</b> _____
<b>STAFF NAME (please print):</b> _____
<b>STAFF NAME (signature):</b> _____

**STUDENT:** When completed please submit this form and your written report to the coordinator.

Thank you,

Steven Christina