

**EMS CONTINUING EDUCATION TRAINING ROSTER**  
**EMS Program Provider # (                      ) or Single Course Approval #(CE                      -                      )**  
(as approved by the Kansas Board of EMS)

**Date of Class:** \_\_\_\_\_ / \_\_\_\_\_ /20

**Hours Awarded:** \_\_\_\_\_

**Course Topic:** \_\_\_\_\_

**Class Location:** \_\_\_\_\_

	<b>Please Print Your Name</b>	<b>Signature</b>	<b>KS Cert. #</b>	<b>Time in</b>	<b>OUT/IN</b>	<b>Time out</b>
1						
2						
3						
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11						
12						
13						
14						
	<b>Course Instructors</b>	<b>Signature</b>	<b>KS Cert. #</b>	<b>Time in</b>	<b>OUT/IN</b>	<b>Time out</b>
1						
2						
3						

**Program Manager:** \_\_\_\_\_ (Signature) \_\_\_\_\_  
Printed Name Here

**Date:** \_\_\_\_\_ / \_\_\_\_\_ /20