COVID-19 CME SIGN IN SHEET
To be used for all virtual courses held during COVID-19 Pandemic
(JB Learning, WedEx, Zoom, etc…)

Last Name (Print)	First Name (Print)	EMT #	Level	Department	Signature

Course Name _____ Date _____

Site Location _____ Hour(s)_____

By signing the below line, I attest that all students listed were present for the entire duration of the above-titled virtual course.

Instructor _____ _____ _____
Print Signature Title

Time In: _____ Time Out: _____