

### CME SIGN IN SHEET

| Last Name<br>(Print) | First Name<br>(Print) | EMT # | Level | Department | Signature |
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**Course Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Site Location** \_\_\_\_\_ **Hour(s)** \_\_\_\_\_

**Instructor** \_\_\_\_\_

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| Print | Signature | Title |
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