CME SIGN IN SHEET – NON-CORE ONLINE CME

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:** _____