STATE OF NEVADA
Department of Health and Human Services
Division of Public and Behavioral Health
Emergency Medical Systems Program
4150 Technology Way, Suite 101
Carson City, Nevada 89706

COURSE SIGN-IN

Course No. _____ Course Coordinator: _____ Topic(s): _____

Phone: _____ Date of Class: _____ Instructor(s): _____

Student Name	EMS No.	Student Signature	Student Phone Number	Student Email

A sign-in form is required for each class. Agencies have the option to utilize their own sign-in forms in lieu of this form.