

# PEDIATRIC READINESS RECOGNITION PROGRAM

## EMS EDUCATION ROSTER

AGENCY NAME

Date \_\_\_\_\_ Class \_\_\_\_\_ Hours \_\_\_\_\_

EMS Provider Name	Certification #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

EMS Provider Name	Certification #
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	

Medical Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_

My signature verifies the EMS providers on this record attended the listed class for the number of hours shown.

