



Attendance Roster



Training Course: IM EPI Initial Training

Date of Training: _____

Location/Agency of Training: _____

Instructor(s): _____

	EMT's Name (Printed)	SD EMT Cert. Number
1.		
2.		
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Use additional Roster Sheets if needed

Please give the original sign-in roster to the ambulance service's Director or Training Officer to keep on file. The Instructor will keep a copy in case of audit.