

Old Dominion EMS Alliance
(ODEMSA)
1421 Johnston-Willis Drive
Richmond, VA 23235

804-560-3300



Course Roster

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120



Course/Topic Name: _____

Date: ____/____/____
MM / DD / YYYY

Course Number: _____
Do not place on roster until after the class

Topic Number: _____

Course Type: _____
(Didactic or Skill)

Initial Program: CE Program: Auxiliary Program: Funding Contract Number: _____

Number of CE Hours Taught: ____ Was CE submitted electronically? County _____ FIPS Code: _____
Yes No

#	Name <small>Print</small>	Certification # <small>Required</small>	Level	Email <small>Optional</small>	Signature <small>Required</small>
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____

I hereby certify that this course and topic was taught to the above students and that the number of continuing education (CE) hours is accurate and a truthful accounting of the hours per the guidelines for this course.

Instructor, Printed Name

Signature

Date





Course Roster



Course Number: _____

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Course Type: _____

(Didactic or Skill)

#	Name Print	Certification #	Level	Email Optional	Signature Sign
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____

I hereby certify that this course and topic was taught to the above students and that the number of continuing education (CE) hours is accurate and a truthful accounting of the hours per the guidelines for this course.

Instructor, Printed Name

Signature

Date





Course Roster



Course Number: _____ Topic Number: _____ Course Type: _____
Do not place on roster until after the class (Didactic or Skill)

#	Name <small>Print</small>	Certification #	Level	Email <small>Optional</small>	Signature <small>Sign</small>
46	_____	_____	_____	_____	_____
47	_____	_____	_____	_____	_____
48	_____	_____	_____	_____	_____
49	_____	_____	_____	_____	_____
50	_____	_____	_____	_____	_____
51	_____	_____	_____	_____	_____
52	_____	_____	_____	_____	_____
53	_____	_____	_____	_____	_____
54	_____	_____	_____	_____	_____
55	_____	_____	_____	_____	_____
56	_____	_____	_____	_____	_____
57	_____	_____	_____	_____	_____
58	_____	_____	_____	_____	_____
59	_____	_____	_____	_____	_____
60	_____	_____	_____	_____	_____
61	_____	_____	_____	_____	_____

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Instructor, Printed Name Signature Date