



**NORTHERN CALIFORNIA EMS, INC.**

1890 Park Marina Drive Suite 200, Redding, CA 96001  
 Phone: (530) 229-3979 Fax: (530) 229-3984

**CERTIFICATION COURSE RECORD**

**Training Institution:** \_\_\_\_\_ **Location of class** \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

**Type of Course:** \_\_\_\_\_ **40-48 HR FIRST RESPONDER COURSE** \_\_\_\_\_ **24 HR FIRST RESPONDER REFRESHER**

I hereby certify that the persons listed below are eligible to take the State approved certification examination according to their final class status (B grade or better) and that these records concur with the record of the training institution. I also certify that individuals participating in the final/certifying exam did so after verification of completion of all required course hours.

\_\_\_\_\_  
 Signature Primary Instructor/Course Director

\_\_\_\_\_  
 Date

**Instructions for completing Certification Course Record:**

Course Record is to be completed by the Primary Course Instructor. Please print or type. List students' names alphabetically, last name, first name. Course Record must include all students eligible for certification.

Submit original to Nor Cal EMS Certification Dept. as soon as possible after completion of training.

Column A = Final course grade - B grade or better required to take certifying exam.

Column B = Practical exam grade - Indicate "P" (pass), "F" (fail) or "I" (incomplete)

Column C = Certifying exam score - 80% required to pass

Column D = Post retest score bottom half and date taken top half

Column E = Second and final retest – requires 10 hours remedial study–include score on bottom and date on top

**PLEASE LIST STUDENTS ALPHABETICALLY, Last Name First**

LAST NAME, FIRST NAME		A	B	C	D	E
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LAST NAME, FIRST NAME		A	B	C	D	E
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