

Training Program Name

Course location (City and State)

This is to verify

STUDENT FULL LEGAL NAME

Credential Number if provider holds current EMS credential (EMT Endorsement)

Successfully completed the following Washington State Department of Health approved course:

Level of course (EMR, EMT, AEMT, Paramedic, Endorsements if applicable (SGA, IV Therapy), SEI workshop, ESE Initial or Renewal)

DOH EMS course approval number (IXX-XX-XX)

Course credential number (TRNG.ES.XXXXXXXXXX-COURSE)

Date of completion: XXXXXXXX

This document does not grant Washington State certification.

Printed name of SEI/Lead instructor/Training Program Director/Official

Washington State credential number of above person

Senior EMS Instructor signature

Date