

**VERIFICATION OF
EMERGENCY MEDICAL RESPONDER
REFRESHER TRAINING**

This is to verify that

_____ with certification# _____
NAME

has successfully completed the EMR Refresher Training on _____
DATE(S) OF TRAINING

_____ **COURSE NUMBER** _____ **TOTAL HOURS TAUGHT**

All course objectives were taught and individual proficiency was demonstrated.

Individual's Signature

_____ **Print or Type *Instructor's Name*** _____ ***Instructor's Signature***