Training Agency Name

Training Course Location

DOH-OEMSTS EMS Course Number **I05-34-003**

This is to Verify

Recipients Full Name

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

Emergency Medical Technician - Basic

Date of Completion: **July 1, 2005**

This document does not grant Washington State Certification

John H. Doe	0000000		
Senior EMS Instructor Printed Name	**DOH Registry Number**	**Senior EMS Instructor Signature**	**Date**

PRINT RESET