Revised: 04/03/02 by DPH--OEMS

EMERGENCY MEDICAL SERVICES - INSTRUCTOR LOGBOOK

Name _____ **EMS-I #** _____

Address_____ **Telephone (Work)** _____ **(Home)** _____

Town _____ **(Zip Code)** _____ **Region** _____

☐ Check box (If above is a new address.) **Instructor Activities for dates** _____/_____/_____ **to** _____/_____/_____

The Primary Instructor/ Physician/ other approved medical coordinator must sign off on the activity at the time of the activity.

Course Location and Class Date	Course Approval Number	Instructional Activity Content	Hours Involved	Primary EMS-I Signature & Cert. # required:

Total: _____

STATEMENT OF VERIFICATION

I certify that all of the above information provided is true and accurate and that this logbook is an official document to be used to calculate my level of Emergency Medical Services - Instructor activity, for the purposes of recertification. I also understand that all incomplete logbooks will be returned to me.

_____ **EMS-I Certification #** _____

(Signature of EMS-I named at top of this form)