

Annual Agency Con-Ed Summary

Agency Name: _____

Year: _____

	<u>Member's Name</u>	<u>Total Training Hours</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____

Section below completed by EMS Captain

I attest that the members listed above are compliant with current medical direction requirements, and all information provided on the form is accurate to the best of my knowledge. Supporting documentation has been filed with this department, and will be made available upon request at anytime.

Printed Name: _____ Date: _____

Signature: _____

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