



EMS Live@Nite™ Attendance
FAX: (509) 232-8344
EMAIL: inhseducation@inhs.org

YOUR CITY/STATE: _____

PLEASE FAX or EMAIL THE SAME WEEK AS THE CLASS

TOPIC: _____

Date: _____

NAME and LEVEL OF CARE	E-MAIL	YOUR AGENCY	Paid	Vol.
PRINT CLEARLY				

INCLUDE: ATTENDANCE, POST-TESTS, AND COMPLETE ONLINE EVALUATION. CERTIFICATES OF COMPLETION ARE NOT VALID WITHOUT SUBMISSION OF COMPLETED FORMS ON FILE WITH INHS.

