



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

YOUR CITYT/STATE: _____ DATE: _____

TOPIC: _____ CREDIT NEEDED: OTEP _____ CE'S _____

OTEP SKILLS ESE INSTRUCTOR NAME: _____

NAME	REQUIRED E-MAIL	YOUR AGENCY
PRINT CLEARLY		

INCLUDE: ATTENDANCE, POST-TESTS, AND COMPLETE ONLINE EVALUATION
PLEASE FAX or EMAIL THE SAME WEEK AS THE CLASS

