Student Roster

Course Name: Paramedic Refresher Day 1 AM		**Instructor Name: Hebron Fire**	
Date : 2/8/2018	**Start Time: 09:00**	**End Time: 12:00**	**Hours: 3**
Location: Hebron Fire			
2018 Refresher Class Day 1 AM **tscheben@hebronfire.org** **859-586-9059**			

Print Student Name	KEMSIS ID#	Signature	Email

I verify the above students attended the listed class _____ Printed Name _____

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Instructor Signature:

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