Student Roster

Course Name: Paramedic Refresher Day 4 PM		**Instructor Name: Hebron Fire**	
Date : 2/20/2020	**Start Time: 12:00**	**End Time: 17:00**	**Hours: 5**
Location: Hebron Fire			

2020 Refresher Class Day 4 PM

jmarrin@hebronfire.org
Fax: 859-586-9059

Check for Completion Cert.	Print Student Name	KEMSIS ID#	Signature	Email
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I verify the above students attended the listed class _____

Instructor Signature:

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