Student Roster			
Course Name: Paramedic Refresher Day 6 AM		**Instructor Name: Hebron Fire**	
Date : 3/5/2020	**Start Time: 9:00**	**End Time: 12:00**	**Hours: 3**
Location: Hebron Fire			
2020 Refresher Class Day 6 AM 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 _____

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Instructor Signature:

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