

CE Course Roster

CE Provider: _____ CE Course Name: _____ Course Location: _____

Date: _____ Total CE Hours: _____ Type of Education: () Instructor Based () Non-Instructor Based

CE Instructor (s): 1. _____ 2. _____ 3. _____

Last Name	First Name	Signature	License/Cert. Number	Provider Agency	Instructor Initial Upon Successful Completion of Course

Instructor Signature: _____

California EMS CE Provider # 40-XXXX

This is a sample course roster. Please adapt or create a course roster that will best meet the needs of your organization