

Course Name			
Dates:		Instructor:	
Location:		# of Students:	
Start Time:		EMS CE Hrs:	
Total Hours:		HazMat CE Hrs:	

**Classroom   Day Drill   Night Drill   Multi Company Drill   Tail Gate Safety Topic**

**Students:** Print your name where indicated and sign or initial under each class date that you attend.  
**Please print and sign your name legibly. Use an additional sheet if necessary.**

	Name <small>(Please print)</small>	Station VFC Agency	Class Dates					CE's
			Signature (1 <sup>st</sup> Day)	Initial	Initial	Initial	Initial	
1								<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
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**EMPLOYEE TRAINING SIGN-UP SHEET (Single or Multi Day)**

(IIPP-6)

Dates:		Instructor:	
Location:		# of Students:	
Start Time:		EMS CE Hrs:	
Total Hours:		HazMat CE Hrs:	

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Name (Please print)	Station VFC Agency	Class Dates					CE's
		Signature (1 <sup>st</sup> Day)	Initial	Initial	Initial	Initial	
31							<input type="checkbox"/>
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