

Maine EMS
Emergency Medical Dispatch

Training Certification Record For: _____
(Printed Name of EMD Licensee)

Maine EMD License #: _____
(Licensee's Maine EMS License#)

	Course Date	Course Name	Instructor	Location	Course#	CEH Cat.	CEH Hrs.
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As Director of the below-named EMD Center, I hereby certify that the foregoing record of training for the EMD licensee named herein is correct and true to the best of my knowledge. I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the EMD Center's license by Maine EMS.

(EMD Center Name)

(EMD Center Director (Printed name))

(EMD Center Director (Signatures))