CERTIFICATE OF COMPLETION
FULL PROTOCOL & PROTOCOL UPDATE

_____
(NAME)

_____
(SERVICE)

_____
(LEVEL)
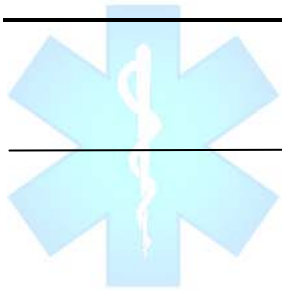
Protocol Update
Version: _____ **Year:** _____

Date Completed: _____

Full Protocol
Date Completed: _____

_____
TRAINEE SIGNATURE

_____
TRAINER SIGNATURE

_____
MEDICAL DIRECTOR SIGNATURE

Signatures from both the Trainer and Medical Director are required if you
work for an EMS Agency that provides ALS services.