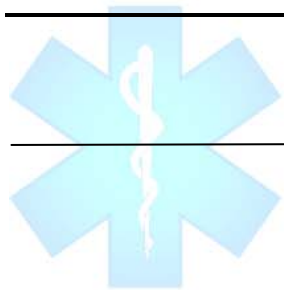


CERTIFICATE OF COMPLETION FULL PROTOCOL EVALUATION

(NAME)

(SERVICE)

(LEVEL)



ALABAMA
Emergency Medical Services and Trauma

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.