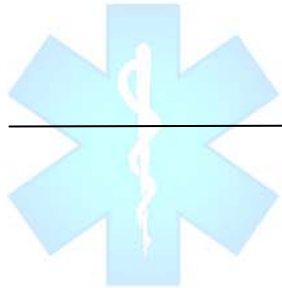


CERTIFICATE OF COMPLETION PROTOCOL UPDATE

(NAME)

(SERVICE)

(LEVEL)



Version: _____ Year: _____

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.