DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Emergency Preparedness \& Response Administration

Clinical Validation Form
EMS Certification Program

Training Center Name: $\qquad$
Class \#/Course Cohort: $\qquad$

Program Director: $\qquad$

| Student Name | Clinical Hours | Pt Contacts | Student Name | Clinical Hours | Pt Contacts |
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Course Academic Average: $\qquad$

Course Lead/Administrative Director Signature: $\qquad$

