

STATE OF NEVADA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SERVICES PROGRAM

Instructor Hours Tracking Log

Instructor Name: _____

Instructor NV EMS Number: _____

<u>Topic</u>	Course Number	Location	Hours	Date

Program Director/Coordinator (Printed Name)

Program Director/Coordinator (Signature)

By signing and submitting this form to the Division, I hereby attest that this is a true/accurate record of the information listed.