



**MIEMSS Base Station Course
Attendance Sheet**

Please complete this form in its entirety; it will be used to issue your certification. If this form is not completed, you will not receive a certificate for your participation in this course.

Please PRINT legibly

Course Location: _____ **Course Date:** _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP code:** _____

Certification (MD, RN, EMT, Paramedic, other) _____

Name of facility where you practice: _____

FACILITY BASE STATION NURSE COORDINATOR: _____

FACILITY BASE STATION MEDICAL DIRECTOR: _____

Your certificate will be mailed to your facility's Base Station Nurse Coordinator listed above.

Should you work at multiple facilities, it is your responsibility to obtain your certificate from the Base Station Nurse Coordinator you have listed above and make copies of your certificate to give the additional facilities.