Certificate of Attendance

_____

(Provider's name)

Has attended the training and demonstrated the associated skills for the use of Syringe Epinephrine Kits on:

_____

(Date)

_____

Signature: Agency Check & Inject Coordinator

_____

Agency Affiliation

Check & Inject NY

Syringe Epinephrine Kit for BLS Providers

Attendance in this training is recommended for 2.0 hours of continuing education – Dr. Jeremy Cushman, Medical Director MLREMS

Version Date: November 13, 2015