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| **Student Roster**  |
| **Course Name: Paramedic Refresher Day 4**  | **Instructor Name: Hebron Fire** |
| **Date : 2/10/2022** | **Start Time: 09:00** | **End Time: 17:00** | **Hours: 8** |
| **Location: Hebron Fire** |
| **2022 Refresher Class Day 4** rarens@hebronfire.org**Fax: 859-586-9059** |



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| **Check for Completion Cert.** | **Print Student Name** | **KEMSIS ID#** | **Signature** | **Email** |
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**I verify the above students attended the listed class** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Instructor Signature:

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