



TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
665 MAINSTREAM DRIVE, 2<sup>ND</sup> FLOOR  
NASHVILLE, TN 37243  
TELEPHONE: 615-741-2584  
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## **VERIFICATION OF EMERGENCY MEDICAL RESPONDER REFRESHER TRAINING**

This is to verify that

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**NAME**

has successfully completed First Responder Refresher Training

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**COURSE NUMBER**

All course objectives were taught and individual proficiency was demonstrated.

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Individual's Signature

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Instructor's Signature

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Individual's Certification Number

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Print or Type Instructor's Name

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Date(s) of Training