



Certificate of Training



Office of Rural Health / EMS
909 E. St. Patrick St. Suite 4
Rapid City, SD 57701
Office: 605-394-6027
Fax: 605-394-1677

South Dakota Approved EMS Training - ____ Hours

This Certificate of Training is awarded to:

Participant's Name: _____ SD Certification/License #: _____

As evidence of successful completion of:

Course #: _____ Location: _____ Date: _____

Instructor/Course Coordinator Signature: _____ Date: _____