

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT
CERTIFICATION OF TRAINING**

I _____, as medical director of _____, a Florida licensed EMS provider, hereby verify that the following paramedics have been trained to administer immunizations in accordance with the requirements of Section 401.272(3), Florida Statutes and Rule 64J-1.004(5) Florida Administrative Code:

<u>Name</u>	<u>Certification Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Signature _____

Florida Medical License number _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ . Personally Known _____ OR Produced Identification _____ Type of Identification.

Signature of Notary

(Seal) My Commission Expires