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(2)(b), Florida Statutes and 64J-1.004(5) Florida Administrative Code:

Name	Certification Number
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

DH 1256, 12/08