

**PROOF OF ATTENDANCE**

**Michigan Department of Community Health**

**EMS & Trauma Systems Section**

**&**

**Office of Public Health Preparedness**

**C.B.R.N.E. & M.C.I. AWARENESS**

**August 29, 2005 8:30 a.m. to 12:30 p.m.**

Name \_\_\_\_\_

Category	Topic	MFR		EMT		EMT-S		Paramedic		IC	
		L	P	L	P	L	P	L	P	L	P
Medical	Poisoning	2		2		2		2			
Operations	HazMat	2		2		2		2			

I/C: Name  
I/C #: CODE Number

I/C Signature: \_\_\_\_\_

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