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EAST ALABAMA

EMERGENCY MEDICAL SERVICES, INC.



This is to Certify That

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has completed the course in

\_\_\_\_\_\_\_\_\_alabama EMS Protocol education\_\_\_\_\_\_\_\_\_

COURSE #\_2022-R2-XXX\_\_(\_6.0\_ CEU hours)

In witness whereof the seal of the agency and the signatures of the duly authorized

officers are hereunto affixed on this \_\_\_ day of \_\_\_\_\_\_\_.

Chief Executive Officer Service Medical Director

Course Instructor