

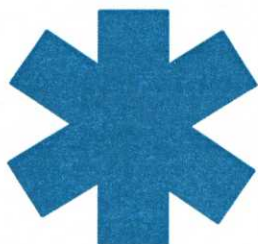
PREHOSPITAL CONTINUING EDUCATION CERTIFICATE

Participant Name: **Jeremy Kosick**

Cert. or Lic.# **P18350**

Course Title: **Paramedic Update 2013**

Date: (check one) **June 17** **June 20** **June 25** **June 27** **June 28** **2013**



Jana Richardson



**Jana Richardson
Course Coordinator**

This course has been approved for eight (8.0) hours of continuing education by an approved California EMS CE Provider and was x instructor-based, ___ non-instructor based. This document must be retained for a period of four years.

California EMS CE Provider # 15-0001

KERN COUNTY EMS DIVISION OF PUBLIC HEALTH

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