



Putnam County Bureau Of Emergency Services EMS TRAINING PROGRAM



MISSED SESSION REPORT FORM

LAST NAME	FIRST NAME	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

COURSE NUMBER	COURSE NAME
<input type="text"/>	<input type="text"/>

DATE OF MISSED SESSION	SESSION NAME
<input type="text"/>	<input type="text"/>

REASON SESSION MISSED

SESSION MAKE-UP REPORT

DATE SESSION MADE UP	NAME OF AUTHORIZED INSTRUCTOR	NYS EMS NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

LOCATION OF MAKE-UP SESSION

CHECK ALL THAT APPLY

<input type="checkbox"/>	ATTENDED TUTOR SESSION WITH INSTRUCTOR LISTED ABOVE
	LOCATION
<input type="checkbox"/>	ATTENDED SESSION AT DIFFERENT COURSE
	SPONSOR'S NAME
	LOCATION
<input type="checkbox"/>	SUBMITTED COMPLETED WORKBOOK CHAPTER
	CHAPTER TITLE
	CHAPTER NUMBER
<input type="checkbox"/>	PERFORMED EXTRA CREDIT ASSIGNMENT
	DESCRIPTION
<input type="checkbox"/>	OTHER (DESCRIBE)

I CONFIRM THAT THE ABOVE LISTED STUDENT ATTENDED MAKE UP SESSIONS, OR PERFORMED EMS ACTIVITIES AS OUTLINED ABOVE.

INSTRUCTOR SIGNATURE

ALL INFORMATION CONTAINED IN THIS FORM IS ACCURATE & TRUE, AND MY PERMISSION IS GRANTED TO VERIFY ANY & ALL INFORMATION.

STUDENT SIGNATURE

CERTIFIED INSTRUCTOR COORDINATOR REVIEW

CHECK ONE

CHARGED AS AN EXCUSED ABSENCE

CHARGED AS AN UNEXCUSED ABSENCE

CERTIFIED INSTRUCTOR COORDINATOR