



**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(3), Florida Statutes and Florida Administrative Code Rule 64J-1.004(5):

<u>Name</u>	<u>Certification Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Florida Medical license number: _____

Under penalties of perjury, I declare that I have read the foregoing verification of immunization training list and that the facts stated in it are true.

Signature _____

Date: _____