



State of New Hampshire
Department of Safety

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Director

Course Medical Director Email Registration Form

I hereby certify that course medical director agreement(s)
received from the below listed email account(s) are just and
true in all respects.

Email 1: _____

Email 2: _____

Name: _____

PLEASE PRINT

Organization: _____

Signature: _____ Date: _____

Only original signatures are acceptable.
Please scan and email to EMSEducation@dos.nh.gov