



State of New Hampshire  
Department of Safety

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## EMS Instructor / Coordinator Email Registration Form

I hereby certify that course authorizations and course completion rosters and / or addendums received from the below listed email account(s) are just and true in all respects.

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Name: \_\_\_\_\_

PLEASE PRINT

EMS I/C License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Only original signatures are acceptable.  
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