



**Base Station Course for State of Maryland  
Emergency Medical Services Physicians and Staff  
Course Attendance Sheet**

**Please complete this form in its entirety; it will be used to issue your certification. If this form is not completed, you will not receive a certificate for your participation in this course.**

*Please PRINT legibly*

**Course Location:** \_\_\_\_\_ **Course Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP code:** \_\_\_\_\_

**Certification (MD, RN, EMT, Paramedic, other)** \_\_\_\_\_

**Name of facility where you practice:** \_\_\_\_\_

**FACILITY BASE STATION NURSE COORDINATOR:** \_\_\_\_\_

**FACILITY BASE STATION MEDICAL DIRECTOR:** \_\_\_\_\_

**Your certificate will be mailed to your facility's Base Station Nurse Coordinator listed above.**

**Should you work at multiple facilities, it is your responsibility to obtain your certificate from the Base Station Nurse Coordinator you have listed above and make copies of your certificate to give the additional facilities.**