

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES  
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(2)(b), Florida Statutes and 64J-1.004(5) Florida Administrative Code:

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

Signature \_\_\_\_\_

Florida Medical License number \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ . Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
(Seal) My Commission Expires