



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

Phone: (309) 827-4348
Fax: (309) 827-2017

INSTRUCTOR'S RECORD

Name: _____

Address: _____

Date	Class Time (Start - end)	Class Location	Hours	Zone \$\$ (office use)

Instructor's Signature: _____ Date: _____

Office use only
_____ Hours x 20 x 25
\$_____ Pay
+\$_____ Zone
= \$_____ Total due