

SUFFOLK COUNTY FIRE ACADEMY ATTENDANCE RECORD

**EMS Officer and Leadership Training**

Department: \_\_\_\_\_

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

\*\*SCFA Student I.D.#: \_\_\_\_\_

***\*\*Your Fire Academy I.D. number consists of the first two letters of your last name and the last four digits of your social security number.***

Location	Session	Subject	Date	Instructor Signature
	1	EMS Officer and Leadership Training 1		
	2	EMS Officer and Leadership Training 2		