

STUDENT CLI Prescreen Sign-in Sheet

Date of Pre-Screen: _____ / _____ / _____ Scheduled Date of CLI Course: _____ / _____ / _____
Day of week Date

	Last Name:	First Name:	Time In:	Primary EMS Response Agency (list one only):	Sponsoring Teaching Agency / College:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					