

## Appendix B

### RECEIPT OF BLM CO EMS EDUCATION GROUP PROGRAM POLICIES AND PROCEDURES MANUAL

The undersigned acknowledges that he/she has read the BLM CO EMS Education Group Program Policies and Procedures Manual in its entirety and that it has been fully explained to him/her with an opportunity to ask questions and receive clarifications. Furthermore, he/she understands this document's contents, has received either a hardcopy of this document or has been given access to its contents digitally.

The provider is duly authorized to execute this form and accepts the terms and conditions explained in this document.

PROVIDER NAME (please print legibly) \_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_

DATE OF RECEIPT \_\_\_\_\_

WITNESS NAME (please print legibly) \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

DATE OF RECIEPT \_\_\_\_\_