



ANNUAL GLUCOMETER TRAINING LOG

Year Covered: _____ Agency: _____

Glucometer Make/Model: _____

Date of Training/ Verification	Name	IDPH EMS License Number	Signature	Instructor's Name	Instructor Initials

I attest to the accuracy and validity of the information contained on this form and of the training /validation it represents.
Agency chief or designated representative: Sign: _____ Print: _____ Date: _____