



# DELAWARE COUNTY EMERGENCY MEDICAL SERVICE

## Training Lesson Plan

<b>Date of Training:</b>		<b>Instructor:</b>	
--------------------------	--	--------------------	--

<b>Lesson Title:</b>			
<b>Subject / Course:</b>			
<b>Topic:</b>			
<b>Audience:</b>		<b>Lesson Duration:</b>	

<b>Objectives:</b>

<b>Summary Of Tasks / Actions:</b>

<b>Materials / Equipment:</b>

<b>References:</b>

<b>Take Home Tasks:</b>