

INITIAL/FINAL EMS TRAINING COURSE ROSTER
(a separate roster is required for each course)

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|--|------------------------|---|-----------------|-------------|------------------|
| INSTRUCTIONS: THIS ROSTER SHALL BE USED FOR ALL CATAGORIES OF EMT TRAINING. (except non-reportable Continuing Education Courses) → PRINT OR TYPE ALL INFORMATION ← | | PRINT COURSE NAME | | | |
| EMS Instructor's Name (Last Name, First Name) | Instructor Code | PRINT COURSE AUTHORIZATION NUMBER | | | |
| Address of Instructor, Incl. Zip Code | Office Phone () | Starting Date | Completion Date | Total Hours | Number Enrolled |
| Location of Course | | EMT BASIC COURSE ONLY PRINT Location: Date: Time: for practical examination | | | Number Completed |
| Class Session Days: Times: | Site Code | FOR EMS DIVISION USE ONLY --- <u>DO NOT WRITE IN THIS SPACE</u> | | | |
| Responsible Physician's Name | Office Phone () | | | | |
| → NAMES ARE TO BE LISTED IN ALPHABETICAL ORDER ONLY ← | | | | | |

| STUDENT'S NAME (Last name, First name, MI) Social Security Number beneath name | MAILING ADDRESS (Include City, State, Zip) | STATUS: Pass, Fail, W/D, Inc. |
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***** CONTINUED ON REVERSE SIDE *****

I hereby verify that the above statements are true and correct tot the best of my knowledge.

Signature of EMT Instructor: _____ Date: _____

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| STUDENT'S NAME (Last name, First name, MI) Social Security Number beneath name | MAILING ADDRESS (Include City, State, Zip) | STATUS: Pass, Fail, W/D, Inc. |
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