EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E BOULEVARD AVE DEPT 301
BISMARCK ND 58505-0200
TELEPHONE (701) 328-2388 / FAX (701) 328-1702
SFN 59305 (12-2009)

Course Authorization # (If Applicable)		Course Type (i.e. EMT, Enhanced Skill, etc)
Course Coordinator License #	Course Start Date	Course End Date
City Where Class Was Held		

	State EMS License #	Full Name	Level	Written	Practical
1				☐ Pass	☐ Pass
2				☐ Pass	☐ Pass
3				☐ Pass	☐ Pass
4				☐ Pass	☐ Pass
5				☐ Pass	☐ Pass
6				☐ Pass	☐ Pass
7				☐ Pass	☐ Pass
8				☐ Pass	☐ Pass
9				☐ Pass	☐ Pass
10				☐ Pass	☐ Pass
11				☐ Pass	☐ Pass
12				☐ Pass	☐ Pass
13				☐ Pass	☐ Pass
14				☐ Pass	☐ Pass
15				☐ Pass	☐ Pass
16				☐ Pass	☐ Pass
17				☐ Pass	☐ Pass
18				☐ Pass	☐ Pass
19				☐ Pass	☐ Pass
20				☐ Pass	☐ Pass
21				☐ Pass	☐ Pass
22				☐ Pass	☐ Pass
23				☐ Pass	☐ Pass
24				☐ Pass	☐ Pass
25				☐ Pass	☐ Pass

By signing below I hereby certify that all information stated above is true and correct.

Signature of Course Coordinator_____ Date_____

Print Form