EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59305 (5/2013)

Course Authorization # (If Applicable)		Course Type
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
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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_____

Submit form to: ND Department of Health - Division of EMS & Trauma
600 E Boulevard Ave - Dept 301
Bismarck ND 58505-0200
Telephone 701.328.2388 / Fax 701.328.1702
Email: dems@nd.gov

Print Form