# EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59305 (3/2014)

| 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 |
| 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 |

Remember to submit EMS Registration forms if applicable for your course.

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