



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

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 (Example) EMR-Emergency Medical Responder			
EMS Instructor's Name (Last Name, First Name) Name, Instructor	Instructor Code 0000	PRINT COURSE AUTHORIZATION NUMBER 00000			
Address of Instructor, Incl. Zip Code P.O. Box 0 Example, OK 11111	Office Phone (000)000-0000	Starting Date 00/00/0000	Completion Date 00/00/0000	Total Hours 00	Number Enrolled 5
Location of Course Example Tech. Center		EMT BASIC COURSE ONLY PRINT Location: Example Tech. Center Date: 00/00/0000 Time: 18:00 – 22:00 for practical examination			Number Completed
Class Session Days: Monday, Wednesday (Occasional Saturday) Times: 18:00 – 22:00 (08:00 – 17:00)	Site Code 000				
Responsible Physician's Name Dr. Example Smith, MD	Office Phone (000)000-0000	FOR EMS DIVISION USE ONLY --- DO NOT WRITE IN THIS SPACE			
→ 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.
1. Doe, Jane J. XXX-XX-XXXX	111 Example St. OKC, OK 11111	
2. Doe, John J. XXX-XX-XXXX	999 Example St. OKC, OK 11111	
3. Smith, Jane J. XXX-XX-XXXX	111 Sample Ave. OKC, OK 11111	
4. Smith, Jack J. XXX-XX-XXXX	999 Sample Ave. OKC, OK 11111	
5. Smith, John J. XXX-XX-XXXX	P.O. Box 0 Example, OK 11111	
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***** CONTINUED ON REVERSE SIDE *****

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

Signature of EMT Instructor: Instructor Signature

Date: 00/00/0000

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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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