



EMS & Police Training Division
Continuing Education
Course Roster



Course Information

Course Name _____ Instructor _____ DOH Con Ed # _____
 Location _____ Start Date _____ End Date _____ BC 3 Class # _____

Roster Instructions

Instructors and students must complete all fields of the clearly and legibly to ensure accurate records. This information is necessary to receive the continuing education credits. This form must be received by the BC 3 EMS and Police Training office no later than 7 days after the conclusion of the course.

Instructor Information

Primary Instructor

Name _____ D.O.B. _____ Certification # _____ Certification Level _____
 Address _____ Primary Phone _____ Secondary Phone _____

Assistant Instructors

Name *Last, First, MI* _____ D.O.B. *XX/XX/XXXX* _____ Certification # *XXXXXXX* _____ Certification Level *EMR, EMT, Paramedic* _____
 Address *City, State & Zip* _____ Primary Phone _____ Secondary Phone _____

Name *Last, First, MI* _____ D.O.B. *XX/XX/XXXX* _____ Certification # *XXXXXXX* _____ Certification Level *EMR, EMT, Paramedic* _____
 Address *City, State & Zip* _____ Primary Phone _____ Secondary Phone _____

Name *Last, First, MI* _____ D.O.B. *XX/XX/XXXX* _____ Certification # *XXXXXXX* _____ Certification Level *EMR, EMT, Paramedic* _____
 Address *City, State & Zip* _____ Primary Phone _____ Secondary Phone _____

Name *Last, First, MI* _____ D.O.B. *XX/XX/XXXX* _____ Certification # *XXXXXXX* _____ Certification Level *EMR, EMT, Paramedic* _____
 Address *City, State & Zip* _____ Primary Phone _____ Secondary Phone _____

Certification #	Level	Information must be completed legibly for credits to be applied		D.O.B. XX/XX/XXXX	Email address <i>Recommended by the DOH</i>	County code
1		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
2		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
3		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
4		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
5		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
6		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
7		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
8		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
9		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
10		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
11		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
12		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				

Certification #	Level	Information must be completed legibly for credits to be applied		D.O.B. xx/xx/xxxx	Email address <i>Recommended by the DOH</i>	County code
13		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
14		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
15		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
16		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
17		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
18		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
19		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
20		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
21		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
22		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
23		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
24		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				

Certification #	Level	Information must be completed legibly for credits to be applied		D.O.B. xx/xx/xxxx	Email address <i>Recommended by the DOH</i>	County code
25		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
26		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
27		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
28		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
29		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
30		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
31		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
32		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
33		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
34		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
35		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
36		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				

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37		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
38		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
39		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
40		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
41		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
42		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
43		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
44		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
45		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
46		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
47		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
49		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				