



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



Course Authorization # (If Applicable)	Course Type
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Course Coordinator License #	Course Start Date	Course End Date
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City Where Class Was Held

State EMS License #	Full Name	Level	Written	Practical
1			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
2			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
3			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
4			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
5			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
6			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
7			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
8			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
9			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
10			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
11			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
12			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
13			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
14			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
15			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
16			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
17			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
18			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
19			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
20			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
21			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
22			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
23			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
24			<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
25			<input type="checkbox"/> Pass	<input type="checkbox"/> 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
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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