



## EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES  
600 E BOULEVARD AVE DEPT 301  
BISMARCK ND 58505-0200  
TELEPHONE (701) 328-2388 / FAX (701) 328-1890



Course Authorization # (If Applicable)		Course Type (i.e. EMT, Enhanced Skill, etc)	
Course Coordinator License #	Course Start Date	Course End Date	
City Where Class Was Held			

State EMS License #	Full Name	Written	Practical	Certification Level
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	

By signing below I hereby certify that all information stated above is true and correct.

Signature \_\_\_\_\_  
Course Coordinator

Date \_\_\_\_\_

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