



EMS CLASS ROSTER
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
 SFN 59305 (12/2009, 12/2011, 2/2012)



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	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

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