

OEMS APPROVAL NUMBER

DATE: _____
TIME(S): _____ **TO** _____
TITLE: _____
SPONSOR: _____
INSTRUCTOR _____

*HOURS APPROVED	
_____	BASIC
_____	INTERMEDIATE
_____	PARAMEDIC

1. Provide copy of official OEMS Approval Notice to EMT's when course is held.
2. Provide complete and accurate information in the spaces above.
3. Report in writing any changes to length, content, times, dates, etc to OEMS.
4. Notify attendee's of actual number hours program is approved for versus total length of program.
5. Sign this roster in space(s) provided.
6. Forward original attendance roster(s) directly to MDPH/OEMS no later than five working days after completion of program.

1. Check and copy down all information listed at top of this roster for your records. Review for accuracy and report any discrepancies to OEMS.
2. Legibly PRINT and SIGN your name after your six digit MA EMT number.
3. Review official OEMS approval notice to check that program is approved and the actual number of credit hours awarded.
4. Any program lacking an official OEMS Approval number may never receive credit. Attendance is at your own risk!

FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

I attest that this is a true record of attendance. _____
Signature of Course Sponsor or Instructor

[illegible]

OEMS APPROVAL NUMBER

[illegible]

- FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.**

COURSE SPONSOR: _____
LEAD INSTRUCTOR: _____

NOTE: Successful completion requires attending all mandatory topics and passing written and practical exams in the minimum 24 hours.

[illegible]

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1. Fill out the top section of this form and the OEMS Attendance rosters for each session completely and accurately and make enough copies to accommodate expected number of attendees and number of sessions scheduled.
2. Ensure that each EMT fills in the printed name, MA EMT number and signs each roster for every session.
3. Print legibly or type the MA EMT number and name of each EMT on this form. Enter dates of each session in the slots provided and enter attendance for each session with an (X) or (✓) mark. Session(s) not attended should be marked with a (-) or (o). Enter written and practical exam grades in slots provided and enter actual number of hours attended in last box.
4. Draw a single line through the MA EMT number and name of any EMT(s) that either did not attend every session, and/or failed the written and/or practical examinations.
5. Sign the Master List and Attendance Rosters and send the original rosters directly to OEMS within five (5) working days from the end of the course. It is recommended that you use a traceable or verifiable method to send the Master List and rosters. You should make and keep copies of the Master List and rosters for your records.

FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.

COURSE SPONSOR: _____

LEAD INSTRUCTOR: _____

NOTE: Successful completion requires attending all mandatory topics and passing written and practical exams in the minimum 48 hours.

[illegible]

[illegible]

DIRECTIONS:

- FAILURE TO SIGN THE ATTENDANCE ROSTER(S) MEANS THAT NO CREDIT CAN BE AWARDED.**

COURSE SPONSOR: _____

Signature of Lead Instructor or Course Coordinator

DATES OF SESSIONS

[illegible]