

Course Type:

- Prescreening
 Certified Instructor Coordinator
 NSC CEVO Ambulance II
 Certified Lab Instructor
 Certified Instructor Update
 AWR-160
 CME Core Content _____

Course No. _____ Class Dates _____ TO _____

Please type or print in alphabetical order, last name first, and ID# all students completing this EMS course.

Student name	EMT#	Student name	EMT#
1. _____		21. _____	
2. _____		22. _____	
3. _____		23. _____	
4. _____		24. _____	
5. _____		25. _____	
6. _____		26. _____	
7. _____		27. _____	
8. _____		28. _____	
9. _____		29. _____	
10. _____		30. _____	
11. _____		31. _____	
12. _____		32. _____	
13. _____		33. _____	
14. _____		34. _____	
15. _____		35. _____	
16. _____		36. _____	
17. _____		37. _____	
18. _____		38. _____	
19. _____		39. _____	
20. _____		40. _____	

NOTE:
See special instructions on reverse side to list all students who failed or did not complete this course

I hereby certify that the above listed students have completed all requirements for this course located at _____

Program Coordinator/CIC Signature _____ Date _____

Special Instructions

(To be completed by Program Coordinator/Instructor)

List all students who failed or did not complete this course.

In the boxes below, indicate the code number that best describes the reason the student(s) failed or did not complete this course.

Codes:

1 = Missed Sessions

(Student missed course sessions)

2 = Failed Prescreening Exam

3 = Withdrew

(Student dropped out of the course)

4 = Failed Course

(Student didn't meet or complete academic, attendance or other course requirements)

9 = Other

(Please explain in the comments section)

	Name of Student	EMT#	Code	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				