



EMS & Police Training Division
Continuing Education
Course Roster



Course Information

Course Name _____	Instructor _____	DOH Con Ed # _____
Location _____	Start Date _____	End Date _____ BC 3 Class # _____

Instructions

Instructors and students must complete all fields of the clearly and legibly to ensure accurate records. This information is necessary to receive the continuing education credits. This form must be received by the BC 3 EMS and Police Training office no later than 7 days after the conclusion of the course.

or Informati

Primary Instructor

Name _____	D.O.B. _____	Certification # _____	Certification Level _____
Address _____	Primary Phone _____	Secondary Phone _____	

Assistant Instructors

Name <i>Last, First, MI</i> _____	D.O.B. <i>XX/XX/XXXX</i> _____	Certification # <i>XXXXXXX</i> _____	Certification Level <i>EMR, EMT, Paramedic</i> _____
Address <i>City, State & Zip</i> _____	Primary Phone _____	Secondary Phone _____	

Name <i>Last, First, MI</i> _____	D.O.B. <i>XX/XX/XXXX</i> _____	Certification # <i>XXXXXXX</i> _____	Certification Level <i>EMR, EMT, Paramedic</i> _____
Address <i>City, State & Zip</i> _____	Primary Phone _____	Secondary Phone _____	

Name <i>Last, First, MI</i> _____	D.O.B. <i>XX/XX/XXXX</i> _____	Certification # <i>XXXXXXX</i> _____	Certification Level <i>EMR, EMT, Paramedic</i> _____
Address <i>City, State & Zip</i> _____	Primary Phone _____	Secondary Phone _____	

Name <i>Last, First, MI</i> _____	D.O.B. <i>XX/XX/XXXX</i> _____	Certification # <i>XXXXXXX</i> _____	Certification Level <i>EMR, EMT, Paramedic</i> _____
Address <i>City, State & Zip</i> _____	Primary Phone _____	Secondary Phone _____	

Certification #	Level	Information must be completed legibly for credits to be applied		D.O.B. XX/XX/XXXX	Email address <i>Recommended by the DOH</i>	County code
1		Name	Phone number			
		Address, city, state & zip				
2		Name	Phone number			
		Address, city, state & zip				
3		Name	Phone number			
		Address, city, state & zip				
4		Name	Phone number			
		Address, city, state & zip				
5		Name	Phone number			
		Address, city, state & zip				
6		Name	Phone number			
		Address, city, state & zip				
7		Name	Phone number			
		Address, city, state & zip				
8		Name	Phone number			
		Address, city, state & zip				
9		Name	Phone number			
		Address, city, state & zip				
10		Name	Phone number			
		Address, city, state & zip				
11		Name	Phone number			
		Address, city, state & zip				
12		Name	Phone number			
		Address, city, state & zip				

Certification #	Level	Information must be completed legibly for credits to be applied		D.O.B. xx/xx/xxxx	Email address <i>Recommended by the DOH</i>	County code
13		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
14		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
15		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
16		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
17		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
18		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
19		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
20		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
21		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
22		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
23		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				
24		<i>Name</i>	<i>Phone number</i>			
		<i>Address, city, state & zip</i>				

