EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59305 (1/2016)

Course Authorization Number (If applicable)	Course Type	
Course Coordinator License Number	Course Start Date	Course End Date
Course Location (City)		

State EMS License Number	Full Name	Level	Written	Practical
1			☐ Pass	☐ Pass
2			☐ Pass	☐ Pass
3			☐ Pass	☐ Pass
4			☐ Pass	☐ Pass
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23			☐ Pass	☐ Pass
24			☐ Pass	☐ Pass
25			☐ Pass	☐ Pass

Remember to submit EMS Registration forms if applicable for your course.

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

Signature of Course Coordinator	Date

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMS AND TRAUMA
1720 BURLINGTON DR
BISMARCK, ND 58504