

**State of New Hampshire
Department of Safety
Division of Fire Standards and Training & Emergency Medical Services**

Course Completion Roster Addendum

EMS I/C: _____

Course No.: _____

Initial Addendum: The following individual(s) have been listed on an NHBEMS Course Completion Roster as "Incomplete" and will need to complete the listed Modules in order for successful completion of the noted course.

Student Legal Name	Module(s)	Details (Please give detailed explanation as to what student needs to complete)
1.		
2.		
3.		
4.		
5.		

Updated Addendum: The following individual(s) have completed the listed Modules and have changed their status as noted:

Student Legal Name	Module(s)	Status (Complete or Fail)	Date	Comments
1.				
2.				
3.				
4.				
5.				

By signing this Course Completion Roster Addendum, the NH Instructor/Coordinator is attesting that each student listed as "C" (Complete) has met all appropriate didactic, lab, clinical and field internship as per NHTSA/DOT and NHBEMS curricula requirements.

EMS I/C Signature: _____

Date: _____

Education Specialist Signature: _____

Date: _____