TYPE OF COURSE:		NH COURSE NO:	COURSE LOCATION:		Pagi	EOF	
	igning this Course Completion Rosto internship as per NHTSA/DOT and	er, the NH Instructor/Coordinator is attesting NHBEMS Curricula requirements.	g that each student listed as "G	C" has met all app	propriate didactic, lab	, clinical and	
EMS I/C:		EMS I/C SIGNATURE:	_ EMS I/C SIGNATURE:			DATE:	
Statu " <b>I</b> " ne	is is listed as "C" = Complete, eligible freeds to complete the EMS I/C and training ram requirements and is not eligible for a	in the NHEMS authorized training program listed or all required EMS examinations; "I" = Incompling program requirements before eligible for requany required EMS examinations. In order to be	<b>lete</b> , <u>NOT</u> eligible for any EMS re uired EMS examinations; "F" = Fa	quired examination ail, a student has no	is at this time. A studen ot successfully complete	t listed as ed the training	
NO	<b>Legal Name</b> Last Name, First Name, MI	Mailing Address & Email Address	s Phone	Date of Birth	N.R. # or SS #	Status (C / I / F)	
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		Bureau o	f EMS				
Form C3 Course Completion Roster		FOR BUREAU USE ONLY		Date Approved: 2/25/08 Revised: 6/17/10, 5/26/11 EWP			
		Education Specialist Signature	 Date				

TYPE	: OF COURSE:	NH COURSE NO:	COURSE LOCATION:		PAGI	EOF		
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EMS I/C:		EMS I/C SIGNATURE:	_EMS I/C SIGNATURE:			DATE:		
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NO	Legal Name			Date of		Status		
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		Bureau of E	EMS					
Form C3 Course Completion Roster		FOR BUREAU USE ONLY		Date Approved: 2/25/08 Revised: 6/17/10, 5/26/11 EWP				
		Education Specialist Signature	Date					

TYPE OF COURSE:		NH COURSE NO:	COURSE LOCATION:		PAGF	EOF
	gning this Course Completion Roste internship as per NHTSA/DOT and	er, the NH Instructor/Coordinator is attesting NHBEMS Curricula requirements.	that each student listed as "C	C" has met all app	propriate didactic, lab	, clinical and
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NO	Legal Name	Maillean Address C. Free I Address	Division	Date of Birth	N. D. // - 7 00 //	Status (C / I / F)
21	Last Name, First Name, MI	Mailing Address & Email Address	S Phone	DIIIII	N.R. # or SS #	(0/1/7)
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Form	C3	Bureau of	f EMS		Date Approved: 2/25/0	08
Course Completion Roster		FOR BUREAU USE ONLY		Revised: 6/17/10, 5/26/11 EWP		
		Education Specialist Signature	Date			

TYPE OF COURSE:	NH COURSE NO:	COURSE LOCATION:	PAGEOF		
	Roster, the NH Instructor/Coordinator is attesting and NHBEMS Curricula requirements.	g that each student listed as "C" has	met all appropriate didactic, lab, clinical and		
EMS I/C:	EMS I/C SIGNATURE:		DATE:		
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	Bureau d	of EMS			
Form C3 Course Completion Roster	FOR BUREAU USE	ONLY	Date Approved: 2/25/08 Revised: 6/17/10, 5/26/11 EWP		
	Education Specialist Signature	Date			