

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

COURSE COMPLETION ROSTER

TYPE OF COURSE: _____ NH COURSE NO (Cref): _____ PAGE ____ OF ____

COURSE LOCATION: _____ COURSE END DATE: _____

EMS I/C NAME (Please Print): _____ SUBMISSION DATE: _____

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

EMS I/C SIGNATURE: _____ DATE: _____

The following individuals have been enrolled in the NHEMS authorized training program listed above. Each student's status at completion of the training program is listed below. Status is listed as "C" = **Complete**, eligible for all required EMS examinations; "I" = **Incomplete**, **NOT** eligible for any EMS required examinations at this time. A student listed as "I" needs to complete the EMS I/C and training program requirements before eligible for required EMS examinations; "F" = **Fail**, a student has not successfully completed the training program requirements and is not eligible for any required EMS examinations. In order to become eligible for examination the student is required to complete another full training program.

NO	<u>LEGAL</u> Name Last Name, First Name, MI	Mailing Address	Email Address	Phone	Date of Birth	Last 4 Of SS#	N.R. #	Status (C / I / F)
1								
2								
3								
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5								
6								

FOR BUREAU USE ONLY: Date Received _____

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