

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

Course Completion Roster Addendum

TYPE OF COURSE: _____ NH COURSE NO. (Cref): _____ COURSE LOCATION: _____

The following individual(s) marked as "Complete (C)" have successfully completed all outstanding requirements for this program. Those individual(s) marked as "Fail (F)" have not met outstanding requirements and will be listed a fail for this program.

No	<u>LEGAL</u> Name Last Name, First Name, MI	Mailing Address	Email Address	Phone	Date of Status Change	Status (Complete or Fail)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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 Education Standards requirements.

EMS I/C Signature: _____ Date: _____