

Ventura County Emergency Medical Services Agency EMT COURSE COMPLETION ROSTER

Program Name: _____ Initial Recert

Program Director: _____ Course End Date: _____

- Do not attach any additional paperwork unless your program is adding or updating instructional staff records (i.e.: copies of certifications, resume, etc. Do not attach copies of completion certificate, CPR cards, etc.).
- Fax or mail this form to the EMS Agency no greater than ten days following the course completion date. Students will not be processed until this form has been received by the VCEMSA.

Primary Instructor _____ MD RN Paramedic Other

Clinical Coordinator _____ MD RN Paramedic Other

Assisting Instructors
 _____ MD RN Paramedic Other
 _____ MD RN Paramedic Other
 _____ MD RN Paramedic Other

Practical Instructors (skills)
 _____ MD RN Paramedic Other
 _____ MD RN Paramedic Other
 _____ MD RN Paramedic Other

Total number of students enrolled on the first course day _____

Total number of students who successfully completed the course _____

Last Name, First, MI	SSN Last 4 digits	Contact Details (Street address, city, zip code, e-mail address)

Program Instructor Signature: _____ Date: _____