

# Training Course Roster



	Date of Training	Start Time	End Time
Instructor Name	Instructor #	Instructor Phone #	Assisting Instructor
Business/Organization Name (if applicable)	Course Address		City, State, Zip
Contact Name (if applicable)	Email Address		Phone Number

Course Type: (Check all that apply)   
 First Aid   
 Adult CPR   
 Child CPR   
 Infant CPR   
 AED   
 BBP   
 Emergency Oxygen Administration

**PLEASE PRINT LEGIBLY** - The Information below will be used to produce your certification card if applicable.

Name (Print Clearly)	Phone #	Address (Street, City, State, Zip)	Email Address	Job Title	Card #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I certify the above course was taught according to the standards and guidelines set forth by EMS SAFETY SERVICES. All certified students met the minimum requirements for passing, including demonstrating proficiency in skills required for the course. **I understand I am responsible for keeping the course roster and course records for at least three (3) years.** I understand I am not required to submit course rosters to EMS Safety at the conclusion of each course; however, EMS Safety can request course records at any time during this period. \*For easy recordkeeping, EMS Safety recommends uploading a copy of the roster to your Instructor Portal.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ V2