



STATE OF NEVADA
 Department of Health and Human Services
 Division of Public and Behavioral Health
Emergency Medical Systems Program
 4150 Technology Way, Suite 101
 Carson City, Nevada 89706

COURSE ROSTER

Course No. _____ Course Coordinator: _____ Phone: _____

Type of Course: ___ Emergency Medical Responder ___ Emergency Medical Technician
 ___ Advanced Emergency Medical Technician ___ Paramedic

This course roster is only for initial courses. It is not required for refresher courses, or continuing education courses.

	<u>Student Name</u>	<u>Last Four of SS#</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____