

**PROTOTYPE CONTINUING EDUCATION PROGRAM CLASS ROSTER**

PLEASE TYPE OR PRINT CLEARLY

Continuing Education Sponsor: \_\_\_\_\_

Sponsor ID Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Course Name: \_\_\_\_\_

End Date of Course: \_\_\_\_\_

Lead Instructor: \_\_\_\_\_

DOH Class Number: 

|  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
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|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|

Lead Instructor Certification number & level if CE requested:

| Student Name<br>(Last, First, MI) | Certification #<br>& Level | Pass /<br>Fail | Date of<br>Birth | Region<br>Number |
|-----------------------------------|----------------------------|----------------|------------------|------------------|
| 1)                                |                            |                |                  |                  |
| 2)                                |                            |                |                  |                  |
| 3)                                |                            |                |                  |                  |
| 4)                                |                            |                |                  |                  |
| 5)                                |                            |                |                  |                  |
| 6)                                |                            |                |                  |                  |
| 7)                                |                            |                |                  |                  |
| 8)                                |                            |                |                  |                  |
| 9)                                |                            |                |                  |                  |
| 10)                               |                            |                |                  |                  |
| 11)                               |                            |                |                  |                  |
| 12)                               |                            |                |                  |                  |
| 13)                               |                            |                |                  |                  |
| 14)                               |                            |                |                  |                  |
| 15)                               |                            |                |                  |                  |

**\*NOTE to lead instructor:** Your signature below indicates that the students listed as passing have successfully completed this program, and the assistant instructors listed have instructed in this program for the number of hours indicated.

| <b>REGIONAL EMS COUNCIL NUMBERS</b> |               |
|-------------------------------------|---------------|
| <u>Regional EMS Council</u>         | <u>Number</u> |
| Bradford Susquehanna EMS            | 01            |
| Bucks County EMS Council            | 10            |
| Chester County EMS Council          | 11            |
| Delaware County EMS Council         | 12            |
| Eastern PA EMS Council              | 02            |
| EHS Federation, Inc.                | 03            |
| Emergency Medical Services Inst.    | 04            |
| EMMCO East, Inc.                    | 19            |
| EMMCO West, Inc.                    | 18            |
| EMS of Northeastern PA              | 05            |
| LTS EMS Council                     | 07            |
| Montgomery County EMS Council       | 13            |
| Philadelphia EMS Council            | 14            |
| Seven Mountains EMS Council         | 08            |
| Southern Alleghenies EMS            | 09            |
| Susquehanna EMS Council             | 15            |

**ROUTING**  
 Regional EMS Council

LIST ASSISTANT INSTRUCTORS BELOW: (use additional sheets if needed)

|    |  |  |  |  |  |      |
|----|--|--|--|--|--|------|
| 1) |  |  |  |  |  | Hrs= |
| 2) |  |  |  |  |  | Hrs= |
| 3) |  |  |  |  |  | Hrs= |

Lead Instructor Signature: \_\_\_\_\_

**CONTINUING EDUCATION PROGRAM CLASS ROSTER INSTRUCTIONS**

Please print or type all information. Class Rosters that are unreadable will be returned unprocessed.

*Continuing Education Sponsor:* Place the name of the con-ed sponsor in this space.

*Course Name:* Place the name of the course for which this roster is being used.

*Lead Instructor:* Place the name of the lead instructor in this space. If the lead instructor is different from the one listed on the Class Registration Form, please list the lead instructor's qualifications on another sheet of paper and attach it to the class roster. If continuing education credit requested, complete the lead instructor certification number & level.

*Sponsor ID Number:* Place the sponsor's identification number in this space.

*End Date of Course:* Place the end date of the course in this space.

*DOH Class Number:* Insert the class number assigned by the regional EMS council to this continuing education class.

*Student Roster:* List each student that attended the continuing education class.

- Place their name in the first column (last name, first name, middle initial).
- Place each student's certification number in the second set of columns (Certification # & Level) listing the certification number and then the level of certification as listed below:
  - A – First Responder
  - B – EMT
  - C – Paramedic
  - D – PHRN
  - E – HP Physician
  - H – Rescue (all levels)
- Indicate successful class completion in the third column (Pass/Fail).
- The fourth column (Date of Birth) is the student's date of birth listed as mm/dd/yy.
- The last column (Region Number) is for designating the region to which the continuing education record is to be submitted.

The number in the Certification # & Level, Date of Birth and Region Number columns must match the numbers the student has placed on the Continuing Education Completion Form (the scannable card).

*Assistant Instructors:* At the bottom of the roster in the area specified, list the assistant instructors in the first column (last name, first name, middle initial) that taught in this program. Include their certification number and the number of hours that they taught. The last column is for designating the region to which the continuing education record is to be submitted.

*Lead Instructor Signature:* The lead instructor must sign the roster.

Submit the Roster, along with all of the Continuing Education Completion Cards, and Class Evaluation Summary to the regional EMS council that issued the class number within 10 business days following the last class session.