

Course Type:

- Crash Victim Extrication Instructor Coordinator Course EMS Dispatcher Course
 Critical Trauma Care Lab Instructor Course Other _____
 A.A.P.S. EVOC

Course No. _____ Class Dates _____ TO _____

Please type or print in alphabetical order, last name first, All students completing this EMS course.

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

NOTE:
See special instructions on reverse side to list all students who failed or did not complete this course

I hereby certify that the above listed students have completed all course requirements for this EMS program located at _____

Instructor/Coordinator Signature

Date

Special Instructions

(to be completed by Instructor/Coordinator)

List all students who failed or did not complete this course.

In the boxes below, indicate the code number that best describes the reason the student(s) failed or did not complete this course.

Codes:

- 1 = Missed Sessions (Student missed class sessions or didn't take the Practical Skills Exam)
- 2 = Failed Practical Skills Exam
- 3 = Withdrew (Student dropped out of class before the Practical Skills exam)
- 4 = Failed Course (Student didn't meet or complete academic, attendance or other course requirements prior to the Practical Skills Exam)
- 9 = Other (Please explain in the comments section)

| | Name of Student | Code | Comments |
|-----|-----------------|------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |