Course Number

** ITLS Ohio STUDENT ROSTER** (Please type)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Location:** | |  | | | | **Course Dates:** |  | |
|  | | | | | | | | |
| **Sponsoring agency:** | | |  | | | **Course Hours:** |  | |
|  | | | | | | | | |
| **Affiliate Faculty:** |  | | | **Phone:** |  | **Email:** | |  |

**Course Level Course Type Description**

\_\_\_\_Advanced \_\_\_\_Provider \_\_\_\_Certification

\_\_\_\_Basic \_\_\_\_Pediatric \_\_\_\_Renewal

\_\_\_\_Combined \_\_\_\_Instructor \_\_\_\_Classroom Component

\_\_\_\_Completer \_\_\_\_Rapid Renewal

| **Participant Name and Address** | **Telephone Number and  Email address** | **Type of Cert/ Licensure (EMT, AEMT, Paramedic)** | **Cert/License Number, State and Expiration** | **Written   Score** | **Practical Score (Circle one)** | **Overall Score (Circle one)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 2. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 3. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 4. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 5. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 6. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 7. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 8. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 9. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 10. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 11. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 12. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 13. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 14. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 15. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 16. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 17. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 18. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 19. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 20. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 21. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 22. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 23. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 24. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 25. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 26. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 27. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 28. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 29. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 30. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 31. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 32. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 33. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 34. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 35. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 36. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 37. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 38. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 39. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 40. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 41. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |
| 42. |  |  | # –  State –  Exp – |  | IP P INC F | IP P INC F |