Course Number

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Location:** | |  | | | | | | | | | | | | **Course Dates:** | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Sponsoring agency:** | | |  | | | | | | | | | | | **Course Hours:** | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Affiliate Faculty:** |  | | | |  | | | |  | | | | | **Medical Advisor:** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Telephone:** | | |  | | | | | **E-mail:**­­­­­ | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Course Type (check one):** | | | | **Advanced Provider** | |  | **Basic Provider** | | | | |  | **Combined** | |  | | | | **Pediatric** | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Provider Renewal** | |  | | **Pediatric Renewal** | |  | **Instructor** | | |  | | | **Instructor Update** | | | |  | | | **Other** | |  |

| **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)** |
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| 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 |