Course Number

** FACULTY ROSTER** (Please type)

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Location:** |  | **Course Dates:** |  |
|  |
| **Sponsoring agency:** |  |
|  |
| **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****Cert. Number, State and Expiration Date** | **ITLS Instructor Number** | **Day 1 Activities** | **Day 2 Activities** |
| --- | --- | --- | --- | --- | --- |
| 1. |  | Type - # - State - Exp -  |  |  |  |
| 2. |  | Type - # - State - Exp -  |  |  |  |
| 3. |  | Type - # - State - Exp -  |  |  |  |
| 4. |  | Type - # - State - Exp -  |  |  |  |
| 5. |  | Type - # - State - Exp -  |  |  |  |
| 6. |  | Type - # - State - Exp -  |  |  |  |
| 7. |  | Type - # - State - Exp -  |  |  |  |
| 8. |  | Type - # - State - Exp -  |  |  |  |
| 9. |  | Type - # - State - Exp -  |  |  |  |
| 10. |  | Type - # - State - Exp -  |  |  |  |
| 11. |  | Type - # - State - Exp -  |  |  |  |
| 12. |  | Type - # - State - Exp -  |  |  |  |
| 13. |  | Type - # - State - Exp -  |  |  |  |
| 14. |  | Type - # - State - Exp -  |  |  |  |

| **Participant Name and Address** | **Telephone Number and Email address** | **Type of Cert/Licensure****Cert. Number, State and Expiration Date** | **ITLS Instructor Number** | **Day 1 Activities** | **Day 2 Activities** |
| --- | --- | --- | --- | --- | --- |
| 15. |  | Type - # - State - Exp -  |  |  |  |
| 16. |  | Type - # - State - Exp -  |  |  |  |
| 17. |  | Type - # - State - Exp -  |  |  |  |
| 18. |  | Type - # - State - Exp -  |  |  |  |
| 19. |  | Type - # - State - Exp -  |  |  |  |
| 20. |  | Type - # - State - Exp -  |  |  |  |
| 21. |  | Type - # - State - Exp -  |  |  |  |
| 22. |  | Type - # - State - Exp -  |  |  |  |