Course Number

** FACULTY ROSTER** (Please type)

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Location andAddress:** |  | **Course Dates:** |  |
|  |
| **Sponsoring agency:** |  |  **Medical Advisor:** |  |

 **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****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 -  |  |  |  |