## **Mississippi State Department of Health**

# **Bureau of Emergency Medical Services**

### **EMT Course Initial Roster**

BEMS Course Number:	(	ompletion Date			
Teaching Facility:	1		1		
Course Coordinator:					
Lead Instructor:					
otal Classroom Hours:		College Cred	it Hrs.	Certificate Program	
Clinical Site:					
Field Internship Site:					
College Registrar:					
The above instructor meets the minin  The Teaching Facility should  A minimum of 120 clock hou  A minimum of 45 clock hour	l have documer urs of didactic i	tation on file fo	=	e that verifies:	
<ul> <li>A minimum final grade of 75</li> <li>Enter information for each</li> </ul>					
Last Name	First Nam	e MI	Last 4 of SSN	N# Final Grade	
Class may not begin until after recei		office USE ONLY	nber – from BEMS.		_

BEMS Signature

Class Number

Validated Date

## **Mississippi State Department of Health**

# **Bureau of Emergency Medical Services**

### **EMT Course Final Roster**

BEMS Course Number:	(	ompletion Date			
Teaching Facility:	1		1		
Course Coordinator:					
Lead Instructor:					
otal Classroom Hours:		College Cred	it Hrs.	Certificate Program	
Clinical Site:					
Field Internship Site:					
College Registrar:					
The above instructor meets the minin  The Teaching Facility should  A minimum of 120 clock hou  A minimum of 45 clock hour	l have documer urs of didactic i	tation on file fo	=	e that verifies:	
<ul> <li>A minimum final grade of 75</li> <li>Enter information for each</li> </ul>					
Last Name	First Nam	e MI	Last 4 of SSN	N# Final Grade	
Class may not begin until after recei		office USE ONLY	nber – from BEMS.		_

BEMS Signature

Class Number

Validated Date

#### Instruction on how to fill out Initial and Completion EMT/Paramedic Course Rosters

#### **Initial Roster:**

#### Please fill out all areas:

- **1.** BEMS Course Number: This will be given on your approval letter or email when BEMS approves your class.
- 2. Class Date: Please fill in the **completion date** of your class
- **3.** Teaching Facility: List the hosting facility
- **4.** Course Coordinator: List the Course Coordinator from the Hosting Facility
- **5.** Lead Instructor: List the Lead Instructor
- **6.** Classroom Site: Where was classroom part of class given and mark if College Credit Hrs or Certificate Program
- 7. College Registrar: Give name of College Registrar
- **8.** Information about students: Please fill in the following information on each students:
  - Last Name
  - First Name
  - Middle Initial
  - Last 4 of SSN#
  - Final Grade

#### **Final Roster:**

#### Please fill out all areas:

- **9.** BEMS Course Number: This will be given on your approval letter or email when BEMS approves your class.
- 10. Class Date: Please fill in the completion date of your class
- 11. Teaching Facility: List the hosting facility
- 12. Course Coordinator: List the Course Coordinator from the Hosting Facility
- **13.** Lead Instructor: List the Lead Instructor
- **14.** Classroom Site: Where was classroom part of class given and mark if College Credit Hrs or Certificate Program
- 15. College Registrar: Give name of College Registrar
- **16.** Information about students: Please fill in the following information on each students:
  - Last Name
  - First Name
  - Middle Initial
  - Last 4 of SSN#
  - Final Grade
- 17. Statement of Competency in EMT Responder Skills: Please send copies of all NREMT checklist for all skills tested for each student. Need these on EMT class students only pass or fail.

All class initial rosters must be submitted the next day after classes have begun and final rosters no later than 5 days after the last class meeting.

#### The complete form should be mailed to:

Bureau of EMS MS State Dept. of Health ATTN: Certification P.O. Box 1700 Jackson, MS 39215

#### Or emailed to:

steven.jones@msdh.ms.gov

**Questions? Contact 601-576-7377.** 

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