Mississippi State Department of Health

Bureau of Emergency Medical Services

Paramedic Course Initial Roster

BEMS Course Number:		Com	pletion Date	:				
eaching Facility:								
ourse Coordinator:								
ead Instructor:								
otal Classroom Hours:		(College Credit Hrs.			Certificate Progran		
linical Site:								
eld Internship Site:								
ollege Registrar:								
 The above instructor meets the minime. The Teaching Facility should A minimum of 810 clock hou A minimum of 585 clock hou A minimum final grade of 75 	have docur urs of didact urs of clinica	mentati ic instr al and fi	ion on file fouction and la	or each gradu	uate t	hat verifies:		
Enter information for each			1	T -				
Last Name	First N	lame	MI	Last 4 of 9	SSN#	Final Grade		
Class may not begin until after receip	ot of formal not	ification ·	– with class nun	nber – from BEN	1S.			
	BE	EMS OFFI	CE USE ONLY					
Validated Date			 Signature			Class Number		

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Bureau of Emergency Medical Services

Paramedic Course Final Roster

BEMS Course Number:	S Course Number:						
eaching Facility:							
ourse Coordinator:							
ead Instructor:							
otal Classroom Hours:	Classroom Hours:			Ce	Certificate Progran		
linical Site:							
eld Internship Site:							
ollege Registrar:							
 The Teaching Facility shou A minimum of 810 clock h A minimum of 585 clock h A minimum final grade of 	nours of didactic nours of clinical a 75% or above	instruction an	d laboratory.	luate tha	t verifies:		
Last Name	ion for each participant. ne First Name MI Last 4 of SSN# Final Grade						
Class may not begin until after red	ceipt of formal notifi	cation – with class	number – from BE	MS.			
	BEN	S OFFICE USE ONL	<i>(</i>				
Validated Date	RFMS	BEMS Signature			Class Number		

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:

joshua.dawson@msdh.ms.gov

Questions? Contact 601-576-7377.

Rev. 03/2018