Mississippi State Department of Health Bureau of Emergency Medical Services EMS Driver Course Roster

BEMS Course Number:	Class/Completion Date:
Teaching Facility:	
Lead Instructor:	
Classroom Site:	
Driving Site Site:	

The above instructor meets the minimum requirements to teach an EMSD class.

The Teaching Facility should have documentation on file for each graduate that verifies:

• A minimum of 8 clock hours of didactic instruction and driving course.

First Name	MI	Last 4 of SSN#
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Enter information for each participant.

Class may not begin until after receipt of formal notification – with class number – from BEMS.

BEMS OFFICE USE ONLY

Validated Date

BEMS Signature

Class Number

Instruction on how to fill out EMSD Course Rosters

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 Hosting facility
- 4. Lead Instructor: List the Lead Instructor
- 5. Classroom Site: Where was classroom part of class given
- **6.** Driving Site: Where was driving course given
- 7. Information about students: Please fill in the following information on each student:
 - a. Last Name
 - b. First Name
 - c. Middle Initial
 - d. Last 4 of SSN#

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

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:

scottie.martin@msdh.ms.gov

Questions? Contact 601-576-7377.

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