Course Number

** FACULTY ROSTER** (Please type)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Location and Address:** | |  | | **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 - |  |  |  |