Course Number

** ITLS Ohio STUDENT ROSTER** (Please type)

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| --- | --- | --- | --- |
| **Course Location:** |  | **Course Dates:** |  |
|  |
| **Sponsoring agency:** |  | **Course Hours:** |  |
|  |
| **Affiliate Faculty:** |  | **Phone:**  |  | **Email:** |  |

 **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(EMT, AEMT, Paramedic)** | **Cert/License Number, State and Expiration** | **Written  Score** | **Practical Score(Circle one)** | **Overall Score(Circle one)** |
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| 1.  |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 2. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 3. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 4. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 5. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 6. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 7. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 8. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 9. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 10. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 11. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 12. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 13. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 14. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 15. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
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| 19. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 20. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 21. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 22. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 23. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 24. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 25. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 26. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 27. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 28. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 29. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 30. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 31. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 32. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 33. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 34. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 35. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 36. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 37. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 38. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 39. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 40. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 41. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
| 42. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |