

# EMT INTERMEDIATE CLASS ROSTER

Date: \_\_\_\_\_  
page \_\_\_\_\_ of \_\_\_\_\_



## NEOAHEC

Site/Address: \_\_\_\_\_

Signature of Site Coordinator: \_\_\_\_\_

\* As Site Coordinator, I certify that the following people attended this program and the signatures are their own.

Name (Legible signature <b>and</b> printed name are needed for our records)	Mailing Address - <b>Please Print</b>	Agency	Birthdate	<b>Optional, used only for numbers reports. Minority or Cultural background (circle)</b>
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.
Print Name: Signature:				American Indian or Alaskan Native, Asian, Black, Latino, Pacific Islander, White.