

EMR SAFETY AND HEALTH ADVANCED COURSE ROSTER

Course Date _____ Name of Location _____ Course location/address including city, state, zip _____ Course Contact Name _____ Contact Phone No. _____
Sherrie C. Wilson
 Director of Education _____ Lead Instructor Name and ID # _____ Lead Instructor Name and ID # _____ Instructor/Monitor Name and ID # _____

PLEASE PRINT CLEARLY!			PLEASE PRINT CLEARLY!	
NAME	ADDRESS / CITY, STATE, ZIP	TELEPHONE NUMBER & E-MAIL	EXAM SCORE	DAY 2 INITIALS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

_____ Type of Course Taught _____ Manikin Student Ratio (1:1 1:2 1:3) _____ Total Number of Participants _____
 _____ Course Start Time _____ Course End Time _____ Total Hours of Instruction _____ Number of Cards to be Issued _____ Date Cards Issued _____