Course Number

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

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| --- | --- | --- | --- |
| **Course Location:** |  | **Course Dates:** |  |
|  |
| **Sponsoring agency:** |  | **Course Hours:** |  |
|  |
| **Affiliate Faculty:** |  |  |  | **Medical Advisor:** |  |
|  |
| **Contact Telephone:** |  | **E-mail:**­­­­­ |  |
|  |
| **Course Type (check one):** | **Advanced Provider** |  | **Basic Provider** |  | **Combined** |  | **Pediatric** |  |
|  |
| **Provider Renewal** |  | **Pediatric Renewal** |  | **Instructor** |  | **Instructor Update** |  | **Other** |  |

| **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 |
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| 27. |  |  | # – State – Exp –  |  | IP P INC F | IP P INC F |
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| 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 |
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| 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 |