



## Emergency Medical Services (EMS) Systems Emergency Medical Technician Testing Roster (System Coordinator Use Only)

EMS System Name \_\_\_\_\_

EMS System # \_\_\_\_\_

	Last Name	First Name	MI	Social Security Number	Level	Site Code	Course Completion Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**The EMS system coordinator is responsible for final verification of examination eligibility.**

**I certify that the above named applicant(s) has/have successfully completed the approved training program, including the written and practical exams.**

Medical Director Signature \_\_\_\_\_

Date \_\_\_\_\_

EMS System Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_