State of Illinois
Illinois Department of Public Health

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							
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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 _____