

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH Director

Steven L. Carroll, EMT-P **EMS** Administrator

Daniel Shepherd, MD **EMS Medical Director**

Angelo Salvucci, MD, FACEP Assistant EMS Medical Director

Ventura County Emergency Medical Services Agency EMT COURSE COMPLETION ROSTER

Program I	Name:
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_____ Initial 🗌 Recert

Program Director: _____ Course End Date: _____

- Do not attach any additional paperwork unless your program is adding or updating instructional staff records (i.e.: copies of certifications, resume, etc. Do not attach copies of completion certificate, CPR cards, etc.).
- Fax or mail this form to the EMS Agency no greater than ten days following the course completion ٠ date. Students will not be processed until this form has been received by the VCEMSA.

Primary Instructor	_		_		_		_	
		MD		RN		Paramedic		Other
Clinical Coordinator		MD		RN		Paramedic		Other
Assisting Instructors		MD MD MD		RN RN RN		Paramedic Paramedic Paramedic		Other Other Other
Practical Instructors (skills)		MD MD MD		RN RN RN		Paramedic Paramedic Paramedic		Other Other Other

Total number of students enrolled on the first course day Total number of students who successfully completed the course

Last Name, First, MI	SSN Last 4 digits	Contact Details (Street address, city, zip code, e-mail address)
	8	

Program Instructor Signature: _____ Date: _____