



## **Instruction on how to fill out EMSD Course Rosters**

**Please fill out all areas:**

1. BEMS Course Number: This will be given on your approval letter or email when BEMS approves your class.
2. Class Date: Please fill in the **completion date** of your class
3. Teaching Facility: List Hosting facility
4. Lead Instructor: List the Lead Instructor
5. Classroom Site: Where was classroom part of class given
6. Driving Site: Where was driving course given
7. Information about students: Please fill in the following information on each student:
  - a. Last Name
  - b. First Name
  - c. Middle Initial
  - d. Last 4 of SSN#

**All class initial rosters must be submitted the next day after classes have begun and final rosters no later than 5 days after the last class meeting.**

**The complete form should be mailed to:**

Bureau of EMS  
MS State Dept. of Health  
ATTN: Certification  
P.O. Box 1700  
Jackson, MS 39215

**Or emailed to:**

[scottie.martin@msdh.ms.gov](mailto:scottie.martin@msdh.ms.gov)

**Questions? Contact 601-576-7377.**