

Mississippi State Department of Health
Bureau of Emergency Medical Services
MFR Course Initial Roster

BEMS Course Number:	Completion Date:	
Teaching Facility:		
Course Coordinator:		
Lead Instructor:		
Total Classroom Hours:	<input type="text"/> College Credit Hrs.	<input type="text"/> Certificate Program
Clinical Site:		
Field Internship Site:		
College Registrar:		

The above instructor meets the minimum requirements to teach an MFR class.

The Teaching Facility should have documentation on file for each graduate that verifies:

- A minimum of 40 clock hours of didactic instruction and laboratory.
- A minimum of 8 clock hours of AHA CPR.
- A minimum final grade of 75% or above

Enter information for each participant.

Last Name	First Name	MI	Last 4 of SSN#	Final Grade

Class may not begin until after receipt of formal notification – with class number – from BEMS.

BEMS OFFICE USE ONLY

Validated Date

BEMS Signature

Class Number

Mississippi State Department of Health
Bureau of Emergency Medical Services
MFR Course Final Roster

BEMS Course Number:	Completion Date:	
Teaching Facility:		
Course Coordinator:		
Lead Instructor:		
Total Classroom Hours:	<input type="text"/>	College Credit Hrs. <input type="text"/> Certificate Program <input type="text"/>
Clinical Site:		
Field Internship Site:		
College Registrar:		

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Class Number

Instruction on how to fill out MFR Course Rosters

Initial Roster:

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 the hosting facility
4. Course Coordinator: List the Course Coordinator from the Hosting Facility
5. Lead Instructor: List the Lead Instructor
6. Classroom Site: Where was classroom part of class given and mark if College Credit Hrs or Certificate Program
7. College Registrar: Give name of College Registrar
8. Information about students: Please fill in the following information on each students:
 - Last Name
 - First Name
 - Middle Initial
 - Last 4 of SSN#
 - Final Grade

Final Roster:

Please fill out all areas:

9. BEMS Course Number: This will be given on your approval letter or email when BEMS approves your class.
10. Class Date: Please fill in the **completion date** of your class
11. Teaching Facility: List the hosting facility
12. Course Coordinator: List the Course Coordinator from the Hosting Facility
13. Lead Instructor: List the Lead Instructor
14. Classroom Site: Where was classroom part of class given and mark if College Credit Hrs or Certificate Program
15. College Registrar: Give name of College Registrar
16. Information about students: Please fill in the following information on each students:
 - Last Name
 - First Name
 - Middle Initial
 - Last 4 of SSN#
 - Final Grade
17. Statement of Competency in MFR Responder Skills: Please fill this form out showing that each student has passed the skills partition of the MFR class. **One must be done on every student!!**

Please fill out all areas:

1. Please print the students name
2. Instructor signature and date
3. Print Instructor name
4. Telephone number
5. Please give Affiliate Facility
6. Submit all Statement of Competency in MFR Skills along with your final roster

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:

EMS.support@msdh.ms.gov

Questions? Contact 601-933-7642.

Mississippi State Department of Health

Bureau of Emergency Medical Services

Statement of Competency in Medical First Responder Skills

As the Medical First Responder instructor, I verify that _____ has
(Please Print)

performed and demonstrated minimum competency of the Medical First Responder skills that are outlined in the National Standard Curriculum, developed by the United States Department of Transportation and the additional skills required by the Mississippi State Department of Health, Bureau of Emergency Medical Services.

National Standard Curriculum

Trauma Patient Assessment /Management
Upper Airway Adjunct and Suction
One and two Rescuer CPR
Unresponsive Adult Obstructed Airway

Bleeding Control/Shock Management
Mouth-to-Mask Ventilation
Infant CPR

Additional Skills Required For Mississippi Certification

EMT-Basic NSC Module 2-1 Airway (for Oxygen Therapy)

EMT-Basic NSC Module 3-4 Cardiovascular Emergencies (for Automatic External Defibrillation)

Instructor Signature: _____ Date: _____

Instructor Name: _____ Telephone Number: _____
(Please Print)

Affiliate Facility: _____
(Please Print)

(Please submit to the BEMS immediately no more than 5 days from the last day of class attached to the Final Roster)

One must be completed on every student

Please fill out all areas:

1. Please print the students name
2. Instructor signature and date
3. Print Instructor name
4. Telephone number
5. Please give Affiliate Facility
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