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

BEMS Course Number:	Completion Date:				
Teaching Facility:					
Course Coordinator:					
Lead Instructor:					
Total Classroom Hours:	College Credit Hrs.	Certificate Program			
Clinical Site:					
Field Internship Site:					
College Registrar:					
The above instructor meets the minimum requirements to teach an EMT class.					

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

- A minimum of 810 clock hours of didactic instruction and laboratory.
- A minimum of 585 clock hours of clinical and field BEMS.
- 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 Paramedic Course Final Roster

BEMS Course Number:	Completion Date:	
Teaching Facility:		
Course Coordinator:		
Lead Instructor:		
Total Classroom Hours:	College Credit Hrs.	Certificate Program
Clinical Site:		
Field Internship Site:		
College Registrar:		
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BEMS OFFICE USE ONLY

Validated Date

BEMS Signature

Class Number

Instruction on how to fill out Initial and Completion EMT/Paramedic 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
- Statement of Competency in EMT Responder Skills: Please send copies of all NREMT checklist for all skills tested for each student. <u>Need these on EMT class students only pass or</u>

<u>fail.</u>

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

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: joshua.dawson@msdh.ms.gov

Questions? Contact 601-576-7377.