Michigan Department of Health and Human Services
Bureau of EMS, Trauma and Preparedness
Division of EMS and Trauma
P.O. Box 30207
Lansing, MI 48909-0207
517-335-8150 (Phone)

NOTIFICATION OF STUDENTS COMPLETING AN EMS EDUCATION COURSE

Authority: Public Act 368 of 1978, as amended.

This form is to be used to submit to the Department, the **correct name and date of birth** of those students who have successfully completed an approved EMS education course. Successful completion is predicated upon fulfillment of course requirements based on didactic, psychomotor, affective, and summative examination, clinical performance objectives (established by the Department), a field internship as required, and student teaching as required. **This form must be submitted electronically within 30 calendar days of course completion. The department only accepts one course completion roster per course. Failure to do so may result in students not being eligible for testing and licensure.**

Name of Program			**Program Approval Number**
Program Sponsor Representative or Course Coordinator			**Phone Number**
Course Level	**Completion Date**	**Course Location**	**Course Approval Number**

Last Name, First Name	Date of Birth	Last Name, First Name	Date of Birth

# Students at beginning of course	**# Students Completed Course**	**# Female Students**	**# Male Students**	**# Students who did not complete course due to grades**

# African American	**# White**	**# Hispanic**	**# Asian/Pacific Islander**	**# American Indian/Alaska Native**	**Two or more races**

By signing this course completion roster, I attest that all students listed above have completed all of the course requirements, the NREMT application to test, and the State of Michigan Personnel Licensure profile on the elicensing portal.

_____ _____

Program Director Signature only Date

Submit completed roster to MDHHS-CourseCompletion@michigan.gov