**7261 S. Broadway, Suite 12L | Littleton CO 80122 INFO@3CPR.ORG | 720.639.2623** [**| WWW.3CPR.ORG**](http://www.3cpr.org/)

# NAEMT COURSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLASS DATE: COURSE NUMBER**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTOR NAME:**

**CLASS LOCATION|COMPANY NAME:**

**ADDRESS:**

Completed Course Roster must be submitted within 1 day of the class. For Students who have not yet met course completion requirements, a copy of their written examination answer sheet and skills performance sheet is attached to the roster. For online courses copy of the on-line certificate **must** also be attached to the roster.

I verify that I have followed the NAEMT requirements in presentation & testing for this class & have used the NAEMT course materials. I have included the roster, evaluations, required written test answer sheet, & skills performance sheets for all students.

**Lead Instructor Name:**

**Lead Instructor Signature:**

**Date:**

**Additional instructors:**

**Sections taught:**



## By printing my name on the roster, I agree to the following

The course for which you are enrolled may include physical strain, possibility for cross infection, and emotional stress. If you have recently had any infectious disease, including upper respiratory infection or open sores on your mouth and/or on hands, it is imperative to defer manikin practice.

**By filling in my name by hand, initialing by my typed name below I have acknowledged that I have read all the above statements and absolve the NAEMT, its TCs, and instructors from any liability associated herewith. I do not currently have any infectious disea**[**se.**](http://www.3cpr.org/)

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| --- | --- | --- | --- |
| **NAME:** | **DAY 2- INITIAL:** | **PRETEST:** | **POST TEST:** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |