WV OFFICE OF MINERS' HEALTH, SAFETY & TRAINING

STUDENT ROSTER

Instructor: _____ **CPR Inst. Exp. Date:** _____ **Phone Number:** _____

Directions: _____

Please mark appropriate box: ☐ **Initial Roster** (Must include instructor's contact information and directions to the training facility)
☐ **Final Roster** (Must include individuals who have successfully completed the course)

Number Enrolled: _____ **Initial EMT-M Course:** _____ **Retraining Module:** 1 ☐ 2 ☐ 3 ☐ 4 ☐

	Student's Last Name	Student's First Name	Mailing Address	Last 4 SSN
1				
2				
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I verify that persons on this final roster have successfully completed the cognitive and skills evaluation in the above listed courses.

Signature of Instructor: _____ **Course Date(s):** _____

Region One: 14 Commerce Dr., Suite 1 - Westover, West Virginia 26501 Telephone: 304-285-3268 Fax: 304-285-3275
Region Two: 830 Virginia Ave. - Welch, West Virginia 24801 Telephone: 304-436-8421 Fax: 304-436-2100
Region Three: 137 Peach Court, Suite 2 - Danville, West Virginia 25053 Telephone: 304-369-7823 Fax: 304-369-7826
Region Four: 550 Industrial Drive - Oak Hill, West Virginia 25901 Telephone: 304-469-8100 Fax: 304-469-4059