



West Virginia Office of Miners' Health, Safety & Training
Continuing Education Mine Foreman (CEMF) - Roster for 20 ____ to 20 ____

CEMF Instructor's Name: _____ **Date** _____

Instructor's Certification No. _____ **Instructor's Telephone Number** _____

(Printed)

Date	Student Name	Student Signature	Address: Please print	Last 4 Digits of SSN#	Cert. #.

 Instructor's Signature