

**EMS COURSE ROSTER**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EMERGENCY MEDICAL SYSTEMS UNIT  
SFN 61033 (02/2025)



Submit all EMS Registration forms along with the roster.

Course Number		Course Type		
Course Coordinator License Number		Course Start Date	Course End Date	
Course Location (City)				
EMS License Number	Full Name	Level	Written	Practical
1			Pass	Pass
2			Pass	Pass
3			Pass	Pass
4			Pass	Pass
5			Pass	Pass
6			Pass	Pass
7			Pass	Pass
8			Pass	Pass
9			Pass	Pass
10			Pass	Pass
11			Pass	Pass
12			Pass	Pass
13			Pass	Pass
14			Pass	Pass
15			Pass	Pass

By signing below, I hereby certify that all information stated above is true and correct.

Signature of Course Coordinator	Date
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This form may be completed and mailed to:  
Department of Health and Human Services  
Emergency Medical Systems Unit  
1720 Burlington Dr – Suite A  
Bismarck ND 58504-7736

You may also submit the completed form via  
e-mail to [dems@nd.gov](mailto:dems@nd.gov) or via fax at 701-328-0357.

Our website is: [www.hhs.nd.gov](http://www.hhs.nd.gov)

For questions, call our office at 701-328-2388 or e-mail us at [dems@nd.gov](mailto:dems@nd.gov).

EMS License Number	Full Name	Level	Written	Practical
16			Pass	Pass
17			Pass	Pass
18			Pass	Pass
19			Pass	Pass
20			Pass	Pass
21			Pass	Pass
22			Pass	Pass
23			Pass	Pass
24			Pass	Pass
25			Pass	Pass
26			Pass	Pass
27			Pass	Pass
28			Pass	Pass
29			Pass	Pass
30			Pass	Pass
31			Pass	Pass
32			Pass	Pass
33			Pass	Pass
34			Pass	Pass
35			Pass	Pass
36			Pass	Pass
37			Pass	Pass
38			Pass	Pass
39			Pass	Pass
40			Pass	Pass