

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES

CONTINUING EDUCATION PROGRAM CLASS ROSTER

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY!**

Continuing Education Sponsor: \_\_\_\_\_

Sponsor ID Number: 0 2

Course Name: \_\_\_\_\_

End Date of Course: \_\_\_\_\_

Lead Instructor: \_\_\_\_\_

DOH Class Number: 0 2 -

Lead Instructor Certification number & level if CE requested:

Student Name (Last, First, MI)	Certification # & Level	County of Res.	Date of Birth	Region of Residence
1)				
Email Address: _____				
2)				
Email Address: _____				
3)				
Email Address: _____				
4)				
Email Address: _____				
5)				
Email Address: _____				
6)				
Email Address: _____				
7)				
Email Address: _____				
8)				
Email Address: _____				
LIST ASSISTANT INSTRUCTORS BELOW: (use additional sheets if needed)				
1)				
Email Address: _____				Hours =
2)				
Email Address: _____				Hours =

Lead Instructor Signature: \_\_\_\_\_

**LEVELS:**

- First Responder = A
- EMT = B
- EMT-P = C
- PHRN = D
- PH Physician = E

**COUNTY CODES**

County	Number
Berks	06
Bucks	09
Carbon	13
Chester	15
Columbia	19
Dauphin	22
Delaware	23
Lancaster	36
Lebanon	38
Lehigh	39
Luzerne	40
Monroe	45
Montgomery	46
Northampton	48
Schuylkill	54
Susquehanna	58
Out of State	68

**ROUTE VIA CON-ED LINK**

Regional EMS Council

