

## Agency: Agency address: Date of Roster Changes: | Date of Roster Chan

	Provider level:		Current Team Status:		All certs on file?		All certs ACTIVE and UNRESTRICTED?		Training cert(s) on file:			
Participant name:	EMT	Medic	Active	Inactive*	Yes	No	Yes	No	TEMS FRO (4 hr)	Tactical Lifesaver / TEMS Tech (40 hr)	TacMed Spec Ops (80 hr)	

*Inactivated members only need to be reporte	d on an up	dated roste	er once (1x), af	ter they have b	een inactivo	ited. It is no	t necessary to	report them o	as "inactivated" v	vith every update	2.
Does your program have a Medical Director? Yes No If yes, please provide their contact information below Name / email:											
Program Director / Coordinator name	:				Się	gnature:				Page 1	of