

PRINCE GEORGE'S COUNTY FIRE/EMS TRAINING ACADEMY CLASS ROSTER

Page: ___ of ___

COURSE NAME: Infection Control Training

DATE: _____

INSTRUCTOR NAME/ID: _____

CLASS #: N/A

LOCATION: _____

NUMBER OF HOURS: N/A

	NAME (LAST, FIRST MI) PRINT	ID # <i>(Required)</i>	MIEMSS # <i>(Required)</i>	STATION	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Battalion Chief/ Volunteer Chief PRINTED NAME and I.D. #: _____

Battalion Chief/Volunteer Chief Signature: _____