NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

EOSB - 600 (6/18)

Student Completion Roster

Course Title: _____

Course Offering #: ☐☐-☐☐-☐☐☐☐-☐☐-☐☐-☐☐-☐☐☐

Start Date: _____ End Date: _____ Total Hours: _____ Total # of Student Completions: _____

Instructor Name: _____ Instructor ID #: _____

NY ID # or last 4 of social sec. #	Last Name	Suffix	First Name	M.I.	FDID	Test/Score
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						
NY						

☐ I, the undersigned instructor, do hereby verify the Training Authorization Letters for each student listed above have been received, and each student has successfully completed the above referenced course.

Instructor Signature: _____

Date: _____

Print, sign, & email a scanned copy to: ***ofpc.training@dhses.ny.gov***