

TENNESSEE ASSOCIATION OF RESCUE SQUADS TRAINING CLASS ROSTER



COMPLETE DATE: ____ / ____ / ____ Check box if Bloodborne Pathogen module was included for proper credit

COURSE TITLE: _____

COURSE LOCATION: _____

*** INFORMATION ABOVE WILL BE USED FOR PRODUCING CLASS CERTIFICATES PLEASE PRINT ***

MAIL CERTIFICATES TO: _____ C/O _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSTRUCTOR: _____ INST. # _____ ASST. INSTRUCTOR(S): _____

INSTRUCTOR Phone No. _____

INSTRUCTOR E-Mail: _____

GRADING: *P* - (PASS) *F* - (FAIL) *I* - (INCOMPLETE) - TYPE of CLASS: *BASIC* *RECERT*

***** NAME AS GIVEN WILL APPEAR ON CERTIFICATE ***** PLEASE TYPE OR PRINT *****

	NAME	Social Security #			SQUAD OR DEPT	GRADE	FEE
		The last 4 digits only					
1.		XXX	XX				
2.		XXX	XX				
3.		XXX	XX				
4.		XXX	XX				
5.		XXX	XX				
6.		XXX	XX				
7.		XXX	XX				
8.		XXX	XX				
9.		XXX	XX				
10.		XXX	XX				
11.		XXX	XX				
12.		XXX	XX				
13.		XXX	XX				
14.		XXX	XX				
15.		XXX	XX				
16.		XXX	XX				
17.		XXX	XX				
18.		XXX	XX				
19.		XXX	XX				
20.		XXX	XX				
21.		XXX	XX				
22.		XXX	XX				
23.		XXX	XX				
24.		XXX	XX				
25.		XXX	XX				
26.		XXX	XX				

STATE OFFICE USE ONLY

_____ R _____ P _____ M _____

TOTAL FEE COLLECTED



* NOTES TO INSTRUCTOR *

You may use this roster for ALL TARS Training Classes on the Squad Level. It is important that you PRINT LEGIBLY OR TYPE the information requested because class certifications and training records will be made from this roster.

Be sure to indicate the completion date and proper course title. The course location line should be the city or county where the class was conducted. All certificates will be mailed to one person for distribution. Please indicate the responsible person and address to receive the class certificates in the space provided. Indicate Assisting Instructors names in space(s) provided.

Please use separate rosters for basic classes and re-certification. Check the appropriate box on the front of form. New certification numbers are issued with each class when submitted. The numbers are used to reference training records which are on file for four (4) years.

We have modified the space for each students Social Security Number to contain *Only* the last four digits to better protect personal information.

SOCIAL SECURITY NUMBERS: THE LAST FOUR (4) NUMBERS ONLY!!!

Example: --1234

The BloodBorne Pathogen class may now be taught as a 3 hour module in conjunction with any TARS Squad Level course. If taught, indicate so by checking the box on the front of form. Certificates issued will indicate module included with an adjustment of CEU's on some courses at no additional charge.

If the BloodBorne Pathogen class is taught as a stand alone course and roster is submitted for a separate certificate the standard **\$10.00 fee** will apply.

The **Fee** for ALL FULL EVOC CLASSES (*Including Driving Component*) is **\$10.00** per person and will include a certificate and wallet card. The three (3) hour "Vanessa K. Free Act" Program may be used as an EVOC recertification and fee will be **\$7.50** per person and will include a wallet card only.

STUDENT'S FEE for the TARS Basic Vehicle Extrication course is **\$10.00 per person**. Vehicle Recertification Fee is **\$7.50** and will include a wallet card only. *All checks or money orders should be made payable to: Tennessee Association of Rescue Squads.

Again, let us stress the importance of "PRINT LEGIBLY OR TYPE" on your student names. **DO NOT PASS** the roster around for everyone to sign.

*We Encourage You To Log In At WWW.TNARS.ORG
And Submit Your Roster Electronically.*

Thank you for your continued service and cooperation.

----- MAIL COMPLETED ROSTER AND FEES TO -----

STATE OFFICE
TENNESSEE ASSOCIATION OF RESCUE SQUADS
2906 TAZEWELL PIKE - SUITE 'B'
KNOXVILLE, TENNESSEE 37918