



Class rosters shall be submitted to the Illinois Department of Public Health (IDPH) within seven calendar days after completion of the course. The following information shall be submitted to IDPH to be used as the class roster.

Today's Date:	Provider ID Number:	Training Course Provider Name:
Phone:	Fax:	Class Number:

I. Course Information

<input type="checkbox"/> Worker	<input type="checkbox"/> Supervisor	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher
<input type="checkbox"/> Inspector	<input type="checkbox"/> Risk Assessor	<input type="checkbox"/> Polish	<input type="checkbox"/> Other	<input type="checkbox"/> Revision*	<input type="checkbox"/> Cancellation
<input type="checkbox"/> RRP				<input type="checkbox"/> Alternative	

Start Date:	Exam Date:	Contact Person:
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II. Course Location

Facility:			
Street Address:	City:	State:	ZIP Code:

III. Course Instructors

1st Course Instructor:	Teaching What Aspect of Course:
2nd Course Instructor:	Teaching What Aspect of Course:
3rd Course Instructor:	Teaching What Aspect of Course:
4th Course Instructor:	Teaching What Aspect of Course:

Comments:

IV. Student Information

First Name	Last Name	SSN or Lead License #	Certificate Number	Score

