COURSE ROSTER & REPORTING FORM

Instructors: *Please complete this form and return to AMSEA following the completion of each course.*
ALL Participants MUST complete all information requested on roster (except as noted below).

Location (City & State):

_____

School, business, organization, etc. for which this course was provided:

_____

Primary Instructor:

_____

Assisting Instructor(s):

_____

Length of Course (# Hours):

_____

Course Date(s):

_____

Number of Adults:

_____

Number under 18 years of age:

_____

Type of Course

- ☐ Drill Conductor
- ☐ Drill Conductor Refresher
- ☐ Stability Awareness
- ☐ Fish Workshop
- ☐ F/V Examiner
- ☐ F/V Inspection
- ☐ Ergonomics

- ☐ MSIT
- ☐ MSIT Refresher
- ☐ STCW
- ☐ Educators Workshop
- ☐ Educators Wkshp. Refresher
- ☐ Schoolteacher Practicum
- ☐ AWW Instructor

- ☐ AWW Only
- ☐ Rec Boat (AWW+)
- ☐ EPRB
- ☐ BWOB
- ☐ Custom Course
- ☐ Marine Debris
- ☐ Other_____

- ☐ Children's Course
- ☐ Children & Adults

For courses listed above, participants under 18 do not need to complete the following roster information.

COURSE ROSTER & REPORTING FORM

Page ___ of ___

PLEASE PRINT CLEARLY:

Instructor Use Only

Entry 1

Field	Value
First name:	Last name:
Address: ❏ Work ❏ Home	
City:	State:	ZIP:
Refresher ❏	

Affiliation:(Vessel/Organization) ❏ Employee ❏ Employer

Phone: ❏ Work ❏ Home

Date of birth:(mm/dd/yyyy)

❏ African American ❏ Hispanic
❏ Am Indian/ AK Native ❏ Pacific Islander
❏ European American ❏ Asian

Photo id ❏   Card #

E-mail: ❏ Work ❏ Home   ❏ Male ❏ Female

Entry 2

First name: Last name:
Address: ❏ Work ❏ Home
City: State: ZIP:
Refresher ❏

Affiliation:(Vessel/Organization) ❏ Employee ❏ Employer
Phone: ❏ Work ❏ Home
Date of birth:(mm/dd/yyyy)
❏ African American ❏ Hispanic
❏ Am Indian/ AK Native ❏ Pacific Islander
❏ European American ❏ Asian
Photo id ❏   Card #

E-mail: ❏ Work ❏ Home   ❏ Male ❏ Female

Entry 3

First name: Last name:
Address: ❏ Work ❏ Home
City: State: ZIP:
Refresher ❏

Affiliation:(Vessel/Organization) ❏ Employee ❏ Employer
Phone: ❏ Work ❏ Home
Date of birth:(mm/dd/yyyy)
❏ African American ❏ Hispanic
❏ Am Indian/ AK Native ❏ Pacific Islander
❏ European American ❏ Asian
Photo id ❏   Card #

E-mail: ❏ Work ❏ Home   ❏ Male ❏ Female

Entry 4

First name: Last name:
Address: ❏ Work ❏ Home
City: State: ZIP:
Refresher ❏

Affiliation:(Vessel/Organization) ❏ Employee ❏ Employer
Phone: ❏ Work ❏ Home
Date of birth:(mm/dd/yyyy)
❏ African American ❏ Hispanic
❏ Am Indian/ AK Native ❏ Pacific Islander
❏ European American ❏ Asian
Photo id ❏   Card #

E-mail: ❏ Work ❏ Home   ❏ Male ❏ Female

Entry 5

First name: Last name:
Address: ❏ Work ❏ Home
City: State: ZIP:
Refresher ❏

Affiliation:(Vessel/Organization) ❏ Employee ❏ Employer
Phone: ❏ Work ❏ Home
Date of birth:(mm/dd/yyyy)
❏ African American ❏ Hispanic
❏ Am Indian/ AK Native ❏ Pacific Islander
❏ European American ❏ Asian
Photo id ❏   Card #

E-mail: ❏ Work ❏ Home   ❏ Male ❏ Female