



### Student Roster

A listing of students who have completed a CAOHC approved 20-hour certification course OR 8-hour recertification course. Course Directors: Please submit this form to CAOHC within 60 days of course completion. List only those who have successfully completed the course. You may fax this form to 414/276-2146 or mail to: CAOHC, 555 E. Wells Street/Suite 1100, Milwaukee, WI 53202.

If you are submitting a student roster on your own form, or via electronic transmission, please include mailing address of student.

Course Director: \_\_\_\_\_ CD # \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_  20 hr course  8 hr course  combined

City/State Location of Course: \_\_\_\_\_

**STUDENT NAME/ADDRESS**

**STUDENT NAME/ADDRESS**

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**11**

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**4**

**14**

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**STUDENT NAME/ADDRESS**

**5**

**STUDENT NAME/ADDRESS**

**15**

**6**

**16**

**7**

**17**

**8**

**18**

**9**

**19**

**10**

**20**