



INSTRUCTORS - Please furnish AMSEA with the following information after each course. Page # ___ of ___
ALL Participants MUST complete all information requested on Page 2 - EXCEPT see * below

Location (City & State):	Length of course (# of hours)
School, business, organization or other group for which this course was provided:	Course Date(s):
Primary Instructor:	Number of Adults:
Assisting Instructor(s):	Number under 18:

Type of Course

<input type="checkbox"/> Drill Conductor	<input type="checkbox"/> MSIT	<input type="checkbox"/> AWW only	* <input type="checkbox"/> Children's course
<input type="checkbox"/> Drill Conductor Refresher	<input type="checkbox"/> MSIT Refresher	<input type="checkbox"/> Rec Boat (AWW+)	* <input type="checkbox"/> Children+Adults
<input type="checkbox"/> Stability Awareness	<input type="checkbox"/> STCW	<input type="checkbox"/> EPRB	<i>*For courses listed above: Participants under 18 do not need to complete page 2</i>
<input type="checkbox"/> Fish Workshop	<input type="checkbox"/> Educators Workshop	<input type="checkbox"/> Custom	
<input type="checkbox"/> FV Examiner	<input type="checkbox"/> Educators Workshop Refresher	<input type="checkbox"/> Other	
<input type="checkbox"/> FV Inspection	<input type="checkbox"/> Schoolteacher Practicum		
	<input type="checkbox"/> AWW Instructor	<input type="checkbox"/> Marine Debris	

Course Roster/Reporting form

Page ____ of ____

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Phone: 907-747-3287 Fax: 907-747-3259 www.amsea.org



PLEASE PRINT CLEARLY: (Ethnicity and gender required by the U.S. Government for our funding)

Instructor Use Only:

First name: _____	Last name: _____	Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	City: _____	State: _____	ZIP: _____	Refresher <input type="checkbox"/>
Affiliation:(Vessel/Organization)		Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home	Date of birth:(mm/dd/yyyy)	<input type="checkbox"/> African American <input type="checkbox"/> Am Indian/ AK Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	Photo id <input type="checkbox"/> Card # _____
E-mail: <input type="checkbox"/> Work <input type="checkbox"/> Home			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> European American <input type="checkbox"/> Asian		

First name: _____	Last name: _____	Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	City: _____	State: _____	ZIP: _____	Refresher <input type="checkbox"/>
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