South Carolina
Course Faculty Roster

Type of Course _____

Date of Course _____ Course Number _____

Course Director _____ Course Coordinator _____

Location of Course _____

(course director must be a physician)

INSTRUCTOR NAME	SSN	ADDRESS, CITY, STATE AND ZIP	PHONE #

A copy of this roster, along with completed student roster, course tally sheet, and fees, must be submitted to:
ITLS of South Carolina
1016 East Montague Avenue
North Charleston, SC 29405-4917