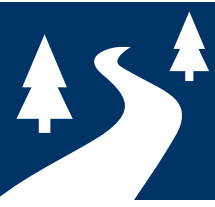


IDRP FINAL CLASS LIST

Please use this form to notify IDRP Central Office of who is scheduled to attend class. Providers only need to fill out columns for Name, DOB, and PID.



IDRP Provider:

Class Date:

#	*Last Name, First Name	*DOB	*PID	Eval Completed	Class Completed	Treatment Required?	Exit Int. Required?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							



#	*Last Name, First Name	*DOB	*PID	Eval Completed	Class Completed	Treatment Required?	Exit Int. Required?
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							

#	*Last Name, First Name	*DOB	*PID	Eval Completed	Class Completed	Treatment Required?	Exit Int. Required?
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							