## **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 Proivider:** 

Class Date:

#	*Last Name, First Name	*DOB	*PID	Eval Completed	Class Completed	Treatment Required?	Exit Int. Required?
1						ioquii ou	
2							
3							
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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							

