

IDRP FINAL CLASS LIST

Please use this form to notify IDRP Central Office of who attended class.



IDRP Provider: _____ Class Dates: _____

#	Last Name, First Name	DOB	PID	Eval Completed		Class Completed		Treatment Required?
1				☐	☐	☐	☐	
2				☐	☐	☐	☐	
3				☐	☐	☐	☐	
4				☐	☐	☐	☐	
5				☐	☐	☐	☐	
6				☐	☐	☐	☐	
7				☐	☐	☐	☐	
8				☐	☐	☐	☐	
9				☐	☐	☐	☐	
10				☐	☐	☐	☐	
11				☐	☐	☐	☐	
12				☐	☐	☐	☐	
13				☐	☐	☐	☐	
14				☐	☐	☐	☐	
15				☐	☐	☐	☐	
16				☐	☐	☐	☐	
17				☐	☐	☐	☐	
18				☐	☐	☐	☐	



#	Last Name, First Name	DOB	PID	Eval Completed	Class Completed	Treatment Required?
19						
20						
21						
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