

SAMPLE FORM ONLY; PLEASE SUBMIT ON

TRAINING SITE LETTERHEAD

EMT Refresher Course Completion Form (Basic or Paramedic)

The following EMT's have completed an approved EMT Refresher Course at the level indicated below in accordance with the requirements of the Department of Transportation National Standard Curriculum. Each participant has been provided a copy of this letter or a certificate of course completion as verification of attendance.

As Course Instructor, I have maintained a file of all information necessary to substantiate the training of these individuals for a period of two (2) years.

Level of Course: _____

Total Class Hours: _____

Start Date: _____

End Date: _____

STUDENT(S) LEGAL NAME

SS#

AR EMT NUMBER

AR EXPIRATION DATE

(Last, First, MI)

(Lead EMT-Instructor Signature) (Date)

(Training Site Representative Signature) (Date)

(Co-EMT Instructor Signature) (Date)

(Medical Director Signature) (Date)