



STATEMENT OF REMEDIATION OF PRIMARY INSTRUCTOR CURRICULUM

State Form 54429 (6-11)



INSTRUCTIONS: Remediation must be completed prior to the third attempt of the written certification examination.

VERIFICATION

We hereby verify that _____ has been
Name of candidate
remediated in ALL areas of the Primary Instructor curriculum. We have spent _____ hours,
which meets or exceeds the Emergency Medical Services Commission required twelve (12) hours of remediation.

Name of training institution

Course number

Signature of primary instructor

Date (month, day, year)

Signature of training institution official

Date (month, day, year)

Signature of candidate

Date (month, day, year)