



PRIMARY INSTRUCTOR VERIFICATION OF COURSE COMPLETION

State Form 54431 (6-11)



INSTRUCTIONS:

This form*, with the original signature of the Primary Instructor, must accompany each person attempting a written examination for certification. Candidates needing to attempt a retest of the written examinations will be required to present their original letter received from the certification office notifying them of the retest. This original will be submitted with examination materials for processing.

NOTE: Failure to present an original of this form* or the retest notification letter at a written examination site will prevent the candidate from testing at that site.

| CERTIFICATION | |
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| <p style="text-align: right;">_____ has successfully</p> <p style="text-align: center;">Name of primary instructor</p> <p>completed _____ .</p> <p style="text-align: center;">Course number</p> | |
| Name of training institution for this class | Date of course completion (month, day, year) |
| Signature of primary instructor | Date of signature (month, day, year) |
| Printed name of primary instructor | |

* Candidates for Reciprocity or Re-certification will have a letter generated by the Emergency Medical Services Certification Staff for their initial test entry.