



**EMERGENCY MEDICAL TECHNICIAN -
INTERMEDIATE CONTINUING
EDUCATION REPORT**
State Form 54505 (12-11)

**INDIANA DEPARTMENT OF HOMELAND SECURITY
EMS CERTIFICATION**
302 West Washington Street, Room E-239
Indianapolis, IN 46204
1-800-666-7784



EMT-INTERMEDIATE CONTINUING EDUCATION REGISTRANT

Public Safety Identification Number		Indiana Public Safety identification Affiliation	
Last Name	First Name	Middle Initial	
Mailing address 1			
Address 2			
City	State	ZIP Code	
Driver's License number	Home telephone number ()		
Email address	Cellular telephone number ()		

VIOLATION STATEMENT

Have you ever been charged or convicted of a crime other than a minor traffic violation as an adult? Yes No

If yes, have you reported this charge or conviction to the State? Yes No

EMS MEDICAL DIRECTOR SIGNATURE

As the Emergency Medical Director, I hereby affix my signature attesting to the continued competency in all skills outlined in Section III of this document.

Signature of Physician		Date (month, day, year)
Name of Physician (printed)		
Telephone Number of Physician ()	License Number	State

EMS REGISTRANT SIGNATURE

I, the undersigned EMT-Intermediate, hereby affirm, under the penalty of perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates and other required documents for verification. I understand that false statements or documents may be cause for certificate revocation by the Indiana Emergency Medical Services Commission. I understand that the EMS Commission may conduct an audit of my recertification activities at any time.

Signature of Applicant	Date (month, day, year)
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Have you been trained in NIMS/ICS? Yes No

Level of NIMS/ICS training. 100 200 300 400 700 800 Other

Would you be willing to assist in a disaster? Yes No

INDICATE ALL CURRENT AFFILIATIONS

AMBULANCE PROVIDER ORGANIZATIONS

Name of Provider number 1		Provider Certification Number
Street Address (<i>number and street</i>)		Telephone Number ()
City	State	ZIP Code
Signature of CEO		Date (<i>month, day, year</i>)
Name of Provider number 2		Provider Certification Number
Street Address (<i>number and street</i>)		Telephone Number ()
City	State	ZIP Code

SUPERVISING HOSPITAL

Name of Hospital number 1		Telephone Number ()
Street Address (<i>number and street</i>)		
City	State	ZIP Code
Signature of EMS Coordinator		Date (<i>month, day, year</i>)
Name of Hospital number 2		Telephone Number ()
Street Address (<i>number and street</i>)		
City	State	ZIP Code
Signature of EMS Coordinator		Date (<i>month, day, year</i>)

SECTION 1A

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| 1. | If a formal EMT-Intermediate Refresher course was completed, please attach a copy of the certificate of completion. |
| 2. | If a formal EMT-Intermediate Refresher course was not completed, Section 1A must be completed in its entirety. All signatures must be original. |
| 3. | All in-services and refresher courses must be done at or approved by your Supervising Hospital. |

DIVISION I-PREPARATORY

REQUIRED FIVE (5) HOURS

Date (<i>month, day, year</i>)	Number of Hours	Topic	Signature of Instructor

DIVISION II-AIRWAY		REQUIRED FIVE (5) HOURS	
Date <i>(month, day, year)</i>	Number of Hours	Topic	Signature of Instructor
DIVISION III-MEDICAL		REQUIRED TWELVE (12) HOURS	
Date <i>(month, day, year)</i>	Number of Hours	Topic	Signature of Instructor
DIVISION IV-TRAUMA		REQUIRED EIGHT (8) HOURS	
Date <i>(month, day, year)</i>	Number of Hours	Topic	Signature of Instructor

DIVISION V-SPECIAL CONSIDERATIONS (INFANTS, GERIATRICS, OB/GYN)			REQUIRED FOUR (4) HOURS
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Date <small>(month, day, year)</small>	Number of Hours	Topic	Signature of Instructor

DIVISION VI-OPERATIONS (INCIDENT COMMAND, RESCUE, HAZMAT, CRIME SCENE, AMBULANCE OPERATION)			REQUIRED TWO (2) HOURS
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Date <small>(month, day, year)</small>	Number of Hours	Topic	Signature of Instructor

SECTION 1B: CPR CERTIFICATION	SECTION 1C: ACLS CERTIFICATION
Attach a current front copy of provider card or certification	Attach a current front copy of provider card or certification

CPR and ACLS certification hours may be added to the appropriate divisions in Section 1A.

SECTION 2

Thirty-six (36) Additional Hours of Continuing Education

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| 1. | Twelve (12) Hours must be obtained as AUDIT & REVIEW. |
| 2. | No More than Eighteen (18) Hours in any one (1) topic. |

Date <small>(month, day, year)</small>	Number of Hours	Topic	Signature of Instructor

