



EMERGENCY MEDICAL SERVICES (EMS) COURSE REPORT

State Form 55584 (4-14)

INDIANA DEPARTMENT OF HOMELAND SECURITY



- INSTRUCTIONS:**
1. This form will be submitted two (2) times per course:
 - a. Within two (2) weeks from the start of the course.
 - i. The Student Certification Application must be turned in at this time.
 - b. Within fifteen (15) days from the course completion.
 - i. All final course reports will be processed within forty-eight (48) hours of receipt.
Retain a copy of your "confirmation of course report receipt" e-mail for your records.
 2. Please mark which document you are submitting.
 3. All student affidavits must be submitted as a part of the Initial Course Report form.
 4. The SIGNED Emergency Medical Services Course Report may be e-mailed to certcourseeapps@dhs.in.gov.
 5. Keep a copy of each submission in your course records.

COURSE INFORMATION

Course number		Date of application (month, day, year)	
Name of institution		Certification number of institution	Official E-mail of training institution
Name of course primary contact		E-mail of primary contact	
Course status (check one)			
<input type="checkbox"/> Initial Course Report (a. Within two (2) weeks from the start of the course.)			
<input type="checkbox"/> Final Course Report (b. Within fifteen (15) days from the course completion.)			

STUDENT ROSTER

Type of course report. (check one)
<input type="checkbox"/> Initial Course Report (Submit name of student and PSID number.)
<input type="checkbox"/> Final Course Report (Submit student status. For withdrawals, state reason why student withdrew.)

No student will be allowed to take the State cognitive or psychomotor exams until the Course Completion Report is submitted to Indiana Department of Homeland Security and processed.

Pass – Student has successfully completed ALL course requirements (course, skills, internships, and final exams).

Fail – Student has failed any one course requirement (course, skills, internships, and final exams).

Incomplete – Work within the course is substantially completed and of passing quality, but student was unable to complete the course. Student is expected to complete the remainder of the course requirements within a time frame established by the Training Institution or the Indiana allowable examination period.

Withdraw – Student does not attend course, stops attending course, or removes himself/herself from the course without substantially completing the work required within the course.

Name of student	Public Safety Identification number
Reason for withdrawal	
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Reason for withdrawal	
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STUDENT ROSTER (continued)

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STUDENT ROSTER (continued)		
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MANDATORY SIGNATURES	
<i>The signature section will have to be signed by all parties for every Course Report Submission.</i>	
I do hereby declare that the information contained in this report is accurate to the best of my knowledge under penalty of perjury.	
Signature of course primary instructor	Date signed (month, day, year)
Printed name of course primary instructor	
Signature of training institution official	Date signed (month, day, year)
Printed name of training institution official	
Signature of medical director	Date signed (month, day, year)
Printed name of medical director	

STUDENT CERTIFICATION APPLICATION

In order to become a State Certified / Licensed Emergency Medical Service (EMS) professional, all candidates must complete the following document to begin the certification / licensure process.

Each student must fill out this application at the beginning of class, and all must be turned in with the Initial EMS Course Report.

TESTING CRITERIA AND NOTIFICATION OF TESTING RESULTS

EMS students must successfully pass a certified Indiana EMS Training Course in order to challenge the Indiana State Cognitive and Psychomotor EMS Exams.

To pass the cognitive EMS exams, your must score a minimum of:

- Emergency Medical Responder (EMR) - 70%
- Emergency Medical Technician (EMT) - 70%
- Advanced EMT (AEMT) – Determined by National Registry
- Paramedic – Determined by National Registry
- Primary Instructor (PI) Pre-test - 85%
- Primary Instructor (PI) Post-test - 80%

To pass the psychomotor EMS exams, you must successfully pass every station. No partial credit is given, and each station is graded as pass or fail.

EMR, EMT, and PI:

After two (2) unsuccessful attempts at any examination, remediation is required prior to the third attempt. Should you fail to obtain the minimum score after two (2) full attempts, you must repeat the entire course prior to challenging the State exam again.

AEMT and Paramedic:

Psychomotor

After two (2) unsuccessful attempts at any psychomotor examination, remediation is required prior to the third attempt. Should you fail to obtain the minimum score after two (2) full attempts, you must repeat the entire course prior to challenging the State exam again.

Cognitive

After two (2) unsuccessful attempts at any cognitive examination, remediation is required prior to the third attempt. You will then be given three (3) more attempts to pass for a total of six (6) attempts at the written exam. Should you fail to obtain the minimum score after six (6) attempts, you must repeat the entire course prior to challenging the State exam again.

The Indiana Department of Homeland Security (IDHS) will notify candidates who were unsuccessful in obtaining the minimum score. When all requirements for certification / licensure have been met, the candidate's certification will be mailed to the address on file within the candidate's Acadis record within two (2) weeks of fulfilling all certification / licensure requirements.

VIOLATION STATEMENT

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

If yes, have you previously reported the details of the crime(s) to the IDHS Certification Division? Yes No

I, _____, do hereby declare that I have read and understand all of the information contained in this application and that the information above is true and accurate to the best of my knowledge under penalty of perjury.

Signature

Date signed (*month, day, year*)

PSID number

Course number