EMERGENCY VEHICLE OPERATOR CONTINUING EDUCATION REPORT

State Form 55870 (7-15)
INDIANA DEPARTMENT OF HOMELAND SECURITY

Reset Form

Instructions for Emergency Vehicle Operations Course (EVOC) Operator:

This form is to be used to record your in-service activity for the two (2) year certificate period and will serve as the application for certification renewal. The certificate period will be two (2) years from the date of completion. This certificate may be renewed if compliance with the in-service requirements has been reported to the Commission prior to the expiration date.

It is important that the EMS trained driver maintain proficiency in the safe and efficient operation of EMS vehicles. To renew the certificate, each trained driver must initiate and successfully complete the following:

Six (6) hours continuing education directly related to the EMS driving course content during the certificate period. Report compliance prior to the "valid through" date on your certificate.

Because this is a voluntary certificate program, the Commission will not regularly communicate with the trained driver during the certificate period concerning their in-service status.

APPLICATION FOR TRAINED DRIVER RENEWAL

Public safety identification number (PSID)	Date of continuing education reporting *(month, day, year)*

Printed name *(last, first, middle initial)*

Home telephone number	Work telephone number
( )	( )

DATE *(month, day, year)*	TOPIC	HOURS
	TOTAL HOURS	

EMERGENCY VEHICLE OPERATIONS COURSE INSTRUCTOR

This section is to be used to record your in-service activity for the two (2) year certification period and will serve as the application for EVOC Instructor certification renewal. You will need to teach or assist in teaching a minimum of one (1) EVOC course per two (2) year certification period.

DATE *(month, day, year)*	EVOC COURSE NUMBER TAUGHT OR ASSISTED WITH	NUMBER OF HOURS
	TOTAL HOURS	

EMS REGISTRANT SIGNATURE

Have you been charged or convicted of any crimes other than minor traffic offenses that have not been previously reported? ☐ Yes ☐ No

I, the undersigned trained driver, hereby affirm, under the penalties 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 sufficient cause for revocation by the State of Indiana Emergency Medical Services Commission.

I also understand that the State of Indiana Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

Signature of trained driver	Date signed *(month, day, year)*

Driver's license number