STATEMENT OF REMEDIATION OF EMT-BA CURRICULUM

State Form 53513 (2-08)
DEPARTMENT OF HOMELAND SECURITY

Reset Form

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

We hereby verify that _____ has been remediated in ALL areas of the EMT-BA curriculum. We have spent _____ hours, which either meets or exceeds the EMS Commission required twelve (12) hours of remediation.

Name of candidate

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)*