

Course number	



- INSTRUCTIONS: 1. Per EMS rules, this Report of Training is due fifteen (15) days after the course is completed.

 - Please use the Pass (P) / Fail (F) / Incomplete (I) / Withdrawal (W) scoring criteria.
 Confirm with a Yes (Y) that competency of Portfolio Skills was achieved.
 The SIGNED report of training may be e-mailed to <u>certcourseapps@dhs.in.gov</u> or mailed to: Certifications, 302 West Washington Street, Room E239, Indianapolis, IN 46204.
 - 5. Keep a copy for your records.

Name of institution							County		
Address (number and street or Rural Route)				City		State		ZIP code	
Location of course						•			
Address (number and street or Rural Route)			City		State		ZIP code		
Starting date (month, day, year)	Completion date (month, day, year)		n, day, year)	Number of students starting		Number of students co		of students completing	
Number of classes held	Numbe	er of classroom hours	Number of clinic	cal hours	Number of ambulance hours				
		PRIMARY INSTRUCT	OR / EMERGEN	NCY MEDICAL	RESPONDE	R / EMT C	OURSE	S	
Name of training institution official								-	
Signature of training institution official						Date signed (month, day, year)			
Name of primary instructor (please	se print)					•			
I do hereby declare that the i	nforma	tion contained in this re	port is accurate	to the best of r	my knowledge	e under pe	nalty of p	perjury.	
Signature of primary instructor						Date signed (month, day, year)			
Signature of Medical Director Date signed (month, day, year)						n, day, year)			
		AI	DVANCED EMT	/ PARAMEDIO	COURSES	'			
Name of training institution official	ıl (please	e print)							
Signature of training institution official						Date signed (month, day, year)			
Name of primary instructor (please	se print)								
Signature of primary instructor					Date signed (month, day, year)				
Name of Medical Director (please	e print)					l			
Signature of Medical Director						Date signed (month, day, year)			
Name of course coordinator (plea	ase print)				•			
Signature of course coordinator						Date sign	ed (month	ı, day, year)	
		EMERG	ENCY VEHICL	E OPERATION	IS / EXTRICA	TION			
Location of driving range									
Signature of approved instructor						Date sign	ed (month	n, day, year)	
Signature of approved Training I	nstitution	Official				Date sign	ed (month	n, day, year)	

LIST	ALL STUDEI	ITS ENROLLED AT THE	START OF THE COURSE IN ALPH	HABETICAL OR	DER.	
Name of student			County	Age	PSID number	
Address (number and street or Rural R	oute)			Didactic hours	Clinical hours	Ambulance hours
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