REPORT OF TRAINING

State Form 44848 (R8 / 6-22)
INDIANA DEPARTMENT OF HOMELAND SECURITY

Course number

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)*	Number of students starting	Number of students completing

Number of classes held	Number of classroom hours	Number of clinical hours +	Number of ambulance hours +	Total course hours =

PRIMARY INSTRUCTOR / EMERGENCY MEDICAL RESPONDER / EMT COURSES

Name of training institution official *(please print)*

Signature of training institution official	Date signed *(month, day, year)*

Name of primary instructor *(please print)*

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 primary instructor	Date signed *(month, day, year)*
Signature of Medical Director	Date signed *(month, day, year)*

ADVANCED EMT / PARAMEDIC COURSES

Name of training institution official *(please print)*

Signature of training institution official	Date signed *(month, day, year)*

Name of primary instructor *(please print)*

Signature of primary instructor	Date signed *(month, day, year)*

Name of Medical Director *(please print)*

Signature of Medical Director	Date signed *(month, day, year)*

Name of course coordinator *(please print)*

Signature of course coordinator	Date signed *(month, day, year)*

EMERGENCY VEHICLE OPERATIONS / EXTRICATION

Location of driving range

Signature of approved instructor	Date signed *(month, day, year)*
Signature of approved Training Institution Official	Date signed *(month, day, year)*

(Continued on reverse side.)

Name of student			County	Age	PSID number	
Address *(number and street or Rural Route)*			☐ Pass ☐ Fail ☐ Withdraw ☐ Drop	Didactic hours	Clinical hours	Ambulance hours
City	State	ZIP code	Summative score	Competency of Portfolio Skills achieved?		

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