



REPORT OF TRAINING

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

Course number



- INSTRUCTIONS:**
1. Per EMS rules, this Report of Training is due fifteen (15) days after the course is completed.
 2. Please use the Pass (P) / Fail (F) / Incomplete (I) / Withdrawal (W) scoring criteria.
 3. Confirm with a Yes (Y) that competency of Portfolio Skills was achieved.
 4. The SIGNED report of training may be e-mailed to certcourseapps@dhs.in.gov 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)		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.)

LIST ALL STUDENTS ENROLLED AT THE START OF THE COURSE IN ALPHABETICAL ORDER.

Name of student			County	Age	PSID number	
Address (number and street or Rural Route)			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Withdraw <input type="checkbox"/> Drop	Didactic hours	Clinical hours	Ambulance hours
City	State	ZIP code	Summative score	Competency of Portfolio Skills achieved?		

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