



STATEMENT OF REMEDIATION OF FIRST RESPONDER CURRICULUM

State Form 54409 (10-10)

INDIANA DEPARTMENT OF HOMELAND SECURITY
EMERGENCY MEDICAL SERVICES CERTIFICATION
302 West Washington Street, Room E239
Indianapolis, IN 46204
Telephone: 1-800-666-7784



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

<p>We hereby verify that _____ has been <i>Name of candidate</i> remediated in ALL areas of the First Responder curriculum. We have spent _____ hours, which meets or exceeds the EMS Commission required six (6) hours of remediation.</p>	
Name of training institution / course sponsor	Course number
Signature of primary instructor	Date (month, day, year)
Signature of candidate	Date (month, day, year)