



**STATEMENT OF REMEDIATION OF  
EMERGENCY MEDICAL  
RESPONDER SKILLS**

State Form 54411 (R / 6-16)

**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.*

We hereby verify that \_\_\_\_\_ has been  
*Name of candidate*  
remediated and deemed competent in ALL of the following skills:

**HOURS \*:**

- \_\_\_\_\_ Patient Assessment / Management - Trauma
- \_\_\_\_\_ Patient Assessment / Management - Medical
- \_\_\_\_\_ Spinal Immobilization Supine Patient
- \_\_\_\_\_ Bleeding Control / Shock Management
- \_\_\_\_\_ Joint Dislocation Immobilization
- \_\_\_\_\_ Upper Airway Adjuncts and Suction
- \_\_\_\_\_ Supplemental Oxygen Administration
- \_\_\_\_\_ Cardiac Arrest Management
- \_\_\_\_\_ Bag-Valve-Mask (Apneic Patient)
- \_\_\_\_\_ Long Bone Immobilization

\* Suggest that DOT objectives be used as guidance during remediation.

Signature of primary instructor	Date (month, day, year)
Signature of training institution official	Date (month, day, year)
Signature of candidate	Course number