



**STATEMENT OF REMEDIATION OF  
INDIANA EMT-BASIC SKILLS**

State Form 54413 (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

\_\_\_\_\_ Spinal Immobilization Seated Patient

\_\_\_\_\_ Bag-Valve-Mask (Apneic Patient)

\_\_\_\_\_ Long Bone Immobilization

\_\_\_\_\_ Traction Splinting

\* 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