

SAMPLE FORM ONLY; PLEASE SUBMIT ON
TRAINING SITE LETTERHEAD

ARKANSAS ADVANCED EMT COURSE COMPLETION FORM

TO: _____

FROM: _____

DATE: _____

The Arkansas Emergency Medical Technicians listed have completed the Arkansas approved training program training indicated below. Training was in accordance with the Department of Transportation National Standard Training Curriculum for the level at which they will test and complies with the Arkansas EMS Rules, Regulations, and Policies.

As Course Instructor(s), we have maintained on file all the information necessary to substantiate the training of these individuals and will keep said information for two (2) years. In addition, all Intermediate candidates were certified EMT's prior to entry into the Intermediate program and are currently Arkansas certified EMT's. In addition, all Paramedic candidates were certified EMT's prior to entry and are currently Arkansas certified EMT's.

All National Registry applications and fees have been mailed directly to the National Registry Office.

All candidates listed on the attached roster have completed the indicated program within the time frame shown and have completed as a minimum the hours shown:

Type of Program _____

Class (didactic) Hours _____

Start Date _____

Clinical Hours _____

End Date _____

Field Internship Hours _____

Lead EMT-Instructor Signature (Date)

Course Medical Director Signature (Date)

Co-EMT Instructor Signature (Date)

Training Site Representative Signature (Date)

Co-Instructor Signature (Date)

Address

Enclosures (Check items enclosed):

- _____Arkansas Application (pink)
- _____AHA, Arkansas Affiliate ACLS Roster or Copy of cards
- _____AHA or ARC CPR Course Roster or copy of cards
- _____Arkansas Fee (\$20.00)
- _____Course Completion Roster