

**SAMPLE FORM ONLY; PLEASE SUBMIT ON
TRAINING SITE LETTERHEAD**

Arkansas EMT-Basic Course Completion Form

TO: _____, EMS Specialist
Section of EMS and Trauma Systems

FROM: _____, EMT Instructor(s)

DATE: _____

The individuals listed on the attached roster have successfully completed a _____ hour EMT-Basic course taught in accordance with the 1994 Emergency Medical Technician-Basic National Standard Curriculum. The course was taught at _____ from _____ to _____.

I verify that each student listed was required to complete the following:

1. Successful completion of skill verification using the National Registry of EMTs skill exam sheets conducted through the course.
 - a. Mouth-to-Mask with supplemental Oxygen
 - b. Bag-Valve-Mask Apneic Patient
 - c. Airway, Oxygen, and Ventilation Skills
 - d. Oxygen Administration
 - e. Cardiac Arrest Management/AED
 - f. Patient Assessment/Management-Medical
 - g. Patient Assessment/Management-Trauma
 - h. Bleeding Control/Shock Management
 - I. Immobilization Skills-Long Bone
 - j. Immobilization Skills-Joint Injury
 - k. Immobilization Skills-Traction Splinting
 - l. Spinal Immobilization-Supine Patient
 - m. Spinal Immobilization-Seated Patient
2. Successful completion of a comprehensive end of course written exam.
3. All requirements of CPR training following either the American Heart Association Healthcare Provider or the American Red Cross CPR for the Professional Rescuer guidelines (*enclose copies of cards or course roster*).
4. A minimum of eight (8) hours of extrication training.
5. A minimum of four (4) patient transports with an Arkansas licensed ambulance service after beginning the EMT course.
6. A minimum of 24 hours of in-hospital clinical experience. Up to eight (8) additional patient transports may be substituted for up to eight hours of in-hospital time. (*One transport equals one in-hospital hour*).

Documentation of the above requirements will be kept on file at the training site and available for inspection by the Section of Emergency Medical Services & Trauma Systems for at least (2) years.

For each student successfully completing the course and eligible to test an Arkansas Application, \$20.00 fee and Original National Registry Application is enclosed.

(Lead EMT Instructor Signature) (Date)

(Training Site Representative Signature) (Date)

(Co-EMT Instructor Signature) (Date)

(Medical Director Signature) (Date)

(Co-EMT Instructor Signature) (Date)

(Training Site Name)

(CO-EMT Instructor Signature) (Date)