SAMPLE FORM ONLY; PLEASE SUBMIT ON TRAINING SITE LETTERHEAD

Arkansas EMT-Instructor Course Completion Form

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

FROM: _____, EMT Instructor – Trainer

DATE: _____

The individuals listed on the attached roster have successfully completed a _____ hour EMT-Instructor course taught in accordance with the DOT-NSC 1995 Emergency Medical Services Instructor Training Program. The course was taught at _____ from _____ to _____.

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

1. Arkansas certification at the EMT-Ambulance, Intermediate or Paramedic level continuously for a two (2) year period.

2. Successful completion of skills verification (those skills on which students test for certification) with a performance of 80% or above.

3. Successful completion of a comprehensive end of course written exam with a minimum score of 80% or above.

4. All requirements of CPR-Instructor training following either the American Heart Association of American Red Cross guidelines (enclose copies of cards or course roster).

5. All requirements of the sponsoring training site and EMT-Instructor program for admission and course completion.

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

For each student a copy of the signed Memorandum of Understanding for EMT Instructor Program is enclosed.

_____	_____	_____
(EMT Instructor-Trainer Signature)	(Co-EMT Instructor Signature)	(Training Site Representative Signature)
_____	_____	_____
(Address)	(Address)	(Training Site Name)
_____	_____	_____
(Date)	(Date)	(Date)

Revised 4/2002