

EMS Course Completion

Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

Level of Class (Check One)

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> ETT | <input type="checkbox"/> ETT-EMT-I Bridge | <input type="checkbox"/> EMT Methods of Instruction |
| <input type="checkbox"/> EMT-I | <input type="checkbox"/> Defibrillator Technician | <input type="checkbox"/> Basic Instructor Orientation |
| <input type="checkbox"/> EMT-II | <input type="checkbox"/> Medevac Escort Training | <input type="checkbox"/> Adv. Instructor Orientation |
| <input type="checkbox"/> EMT-III | <input type="checkbox"/> Emergency Medical Dispatcher | <input type="checkbox"/> Alaska Specific Orientation |
| | <input type="checkbox"/> ETT Methods of Instruction | |

Type of Class (Check One)

- Initial Refresher

Course Number: _____ Total Classroom Hours: _____

Please report if any of the following conditions changed during the course of your class:

- Change in course schedule (Please attach schedule with changes)
- Change in course Instructor (Please list new instructor)
- Change in the number of hours in the class (Please attach schedule with hours noted)

Name of Instructor

Contact Phone

As an Instructor certified by the Department of Health and Social Services, I affirm that this course was taught in compliance with the State EMT/EMT-Instructor Certification Regulations.

Signature of Instructor

Date

This completed form should be accompanied by a class roster which lists each student's name, course completion status, and whether the practical examination was passed. Send the top copy to the State EMS Office, the second copy to the Regional EMS Office, and keep the third copy for your records.