EMT-III Candidate Proof of Patient Contact Form

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

Instructions: An applicant for EMT-III training should complete all blocks in section A. Each line in Section B should be completed by either the individual who witnessed the patient contact or the EMS Chief or Training Officer of your organization. The applicant must complete the ten (10) required patient contacts AND ten (10) venipunctures prior to entry into an EMT-III training class. The original completed form must be returned to the Section of Community Health and EMS with your application. A copy must be presented to your EMT-III Instructor prior to enrollment in the class. You should keep a copy of this form for your own records. **Applicants who do not complete the required patient contacts will not be accepted into EMT-III training.**

Section A, Applicant Information	
Name of Applicant:	SSN:
Mailing Address:	
Name of Sponsoring Physician:	Alaska EMT-II Certification Number:

Section B, Witness Information
(Patient Contacts may also be verified by the EMS Chief or Agency Training Officer if a witness is not available)

Date:	Witness Name and Level of Training	Witness Contact Phone or E-mail Address	Witness Signature

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