EMT-III Candidate Venipuncture Verification 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 the individual who witnessed the venipuncture. The witness must be an individual certified at the EMT-II level, or above, who is certified or licensed to perform venipunctures. The applicant must complete the ten (10) required venipunctures, eight of which must have been with catheter-covered needles, prior to entry into an EMT-III training class. The original completed form must be returned to the Section of Community Health and EMS. A copy must be presented to your EMT-III Instructor prior to enrollment in the class. You will want to keep a copy of this form for your own records. **Applicants who do not complete the required venipunctures will not be accepted into EMT-III training.**

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

Section B, Venipuncture Information

Date:	Witness Signature and Level of Training	Type of Needle (catheter-covered / other [specify])	Venipuncture Site	Age of Recipient	Gender of Recipient

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