

REMEDIAL / REFRESHER COURSE VERIFICATION FORM

CANDIDATE / PROVIDER INFORMATION

LAST NAME		FIRST NAME:		MI	SUFFIX
Pa DOH Certification No. (If Any): NREMT No.:		Exp: Exp:		Last Four Digits of SSN:	
HOME ADDRESS	STREET:				
	CITY:			STATE:	ZIP:
TELEPHONE	HOME		WORK		MOBILE:

Has attended and successfully completed a Pennsylvania Department of Health approved:

- ☐ Standards/Guidelines Change
 ☐ Practical/Psychomotor Remedial Course
 ☐ Written/Cognitive Refresher Course

For:

- ☐ Emergency Medical Responder (EMR)
☐ Emergency Medical Technician (EMT)
☐ Advanced Emergency Medical Technician (AEMT)
☐ Paramedic (P)

PRACTICAL/PSYCHOMOTOR REMEDIAL COURSE

- ☐ Pa. EMS Agency Medical Director of a licensed Pa EMS Agency.
OR
☐ Pa. Certified Pre-Hospital EMS Physician of a licensed PA EMS Agency.
OR
☐ Pa. Recognized / Certified EMS Instructor – Trainer.
OR
☐ Pa. Certified EMS Instructor.

COURSE COMPLETION DATE : _____ #Hrs _____

WRITTEN/COGNITIVE REFRESHER COURSE

- ☐ National EMS Education Standards Refresher Course offered at an appropriate EMS provider level by a Pennsylvania or nationally accredited EMS educational institute.
OR
☐ National EMS Education Standards appropriate EMS provider level training program in entirety at a Pennsylvania or nationally accredited EMS educational institute.
OR
☐ Pa. DOH pre-approved course. # _____

COURSE COMPLETION DATE : _____ #Hrs _____

I hereby certify the information in this form is true and complete to the best of my knowledge, information and belief and are subject to penalties of 18 PA.C.S. § 4004 relating to unsworn falsification to authorities.

Individual Providing Instruction

Regional EMS Council: _____
 Name: _____
 Certification / License No.: _____ Exp: _____
 Signature: _____

Sponsoring EMS Educational Institute

Name: _____
 Pa. Accreditation No.: _____ Exp: _____
 CAAHEP Accreditation No.: _____ Exp: _____

Candidate / Provider Signature: _____ Date: _____