

REMEDIAL / REFRESHER COURSE VERIFICATION FORM

CANDIDATE / PROVIDER

LAST NAME		FIRST NAME:		MI	SUFFIX
Pa DOH Certification No. (If Any):		Exp:		Last Four Digits of SSN:	
NREMT No.:		Exp:			
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-Remedial Course
 Written-Refresher Course

For:

- First Responder (FR)
 EMT - Basic (EMT-B)
 EMT - Paramedic (EMT-P)

PRACTICAL-REMEDIAL COURSE

WRITTEN-REFRESHER 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.

- National Standard Curriculum (NSC) Refresher Course offered at an appropriate EMS provider level by a Pennsylvania or nationally accredited EMS educational institute. **OR**
 National Standard Curriculum (NSC) 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 _____

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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	Sponsoring EMS Educational Institute
Regional EMS Council: _____	Name: _____
Name: _____	Pa. Accreditation No.: _____ Exp: _____
Certification / License No.: _____ Exp: _____	CAAHEP Accreditation No.: _____ Exp: _____
Signature: _____	

Candidate / Provider Signature: _____ Date: _____