



## EMS-TEI PARAMEDIC TRAINING PROGRAM VERIFICATION FORM

This form completes requirement number two (2) on the Paramedic Initial Licensure Requirements Checklist.

All students must:

Successfully complete, within thirty (30) months of the beginning of the course, all EMS-TEI requirements for the education or training program which:

- a. Utilize the United States Department of Transportation, National Highway Traffic Safety Administration, 1998 National Standard Curriculum for Emergency Medical Technician-Paramedic, which shall not be satisfied by the completion of refresher or transition courses alone; and
- b. Shall not contain less than the ~~median~~ mean number of didactic, practical laboratory, and clinical and field internship hours for each subject and skill as contained in the “Field and Pilot Test Didactic and Practical Laboratory Hours Report” and “Field and Pilot Test Clinical Report” of the United States Department of Transportation, National Highway Traffic Administration, 1998 National Standard Curriculum for Emergency Medical Technician-Paramedic;

Date of Report: \_\_\_\_\_

Name of Training and Educational Institution: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Location: \_\_\_\_\_

Course Starting Date: \_\_\_\_\_ Course Ending Date: \_\_\_\_\_

Paramedic Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Paramedic Student Social Security Number: \_\_\_\_\_



STUDENT VERIFICATION SECTION

I, \_\_\_\_\_, hereby certify that I have completed (at least) 347.88 Field  
Printed name of Paramedic Student  
Internship hours, (at least) 75 Patient Contacts, and (at least) 118.40 Field Summative Evaluation hours  
for a total of at least 466.28 hours.

\_\_\_\_\_  
Signature of Paramedic Student

\_\_\_\_\_  
Date

MEDICAL DIRECTOR & INSTRUCTOR VERIFICATION SECTION

I, \_\_\_\_\_, hereby certify that the above student has completed (at least)  
Printed Name of Medical Director  
347.55 Field Internship hours, (at least) 75 Patient Contacts, and (at least) 118.40 Field Summative  
Evaluation hours for a total of at least 466.28 hours.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Paramedic Course Lead Instructor

\_\_\_\_\_  
Date

Instructor Name: \_\_\_\_\_

Instructor certification Number: \_\_\_\_\_

Instructor Phone Number: \_\_\_\_\_

Instructor Email Address: \_\_\_\_\_

(To be submitted to KBEMS by the **educational institution** upon completion of Field Hours)

All returned checks shall be subject to a processing charge in the amount of Twenty-Five Dollars (\$25.00). In addition, any applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050(2)(a). That person shall be sanctioned which may result in a fine, suspension, or license revocation.

KBEMS - 08/2008

300 North Main Street, Versailles, KY 40383 • (859) 256-3565 • Fax: (859) 256-3128 • kbems.kctcs.edu

**KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM**