



AEMT Initial Training Verification Report	OFFICE USE ONLY

Advanced EMT Student Information

Name		KEMSIS #	
Address		Date of Birth	
City	State	Zip	
Phone	Alt. Phone	E-Mail	

Course Information

Training and Educational Institution Name			
Advanced EMT Course Location			
Course Number	Course Start Date	Course End Date	

Please check the boxes below to indicate that the following supplemental curriculum has been completed by the applicant:

<input type="checkbox"/>	Application of 12 Lead Electrocardiogram Electrodes and Monitor- *KBEMS E-29
<input type="checkbox"/>	Application and Interpretation of Quantitative Capnography and End Tidal Carbon Dioxide Monitoring- *KBEMS E-30
<input type="checkbox"/>	Intraosseous Infusion in the Adult- *KBEMS E-31
<input type="checkbox"/>	Bi-level Positive Airway Pressure and Continuous Positive Airway Pressure Devices- *KBEMS E-32

Regulatory Statement

Applicant has successfully completed requirements for the National Emergency Medical Services – Instructional Guidelines and National EMS Scope of Practice for the Advanced Emergency Medical Technician (AEMT) and any requirements as set forth in KRS 311A and 202 KAR 7: 330.

Signatures

Student

Print Name	Signature	Date

Educator

Print Name	Signature	Date

Medical Director Verification

Print Name	Signature	Date