Educator Applicant Mentored Teaching Record					
Name:		**KEMSIS #**			
Certification Level:		**MD or RN#**			
		Page		**of**	

Proof of Instruction By signing below, I attest that the applicant has completed the requirements as set forth in KRS 311 A.

Course Date	Course Topic	Lecture		Course Number	Certified Instructor Name	KEMSIS #	Signature

Applicant must complete five (5) presentations that meet the objectives of the current National Emergency Medical Services Education Standards / Instructional Guidelines and National Scope of Practice during a KBEMS approved course.