Educator Applicant Mentored Teaching Record

Educator Applicant Name:		**KEMSIS #**	
Certification Level:		**Expiration Date**	
		Page	**of**

Proof of Instruction By signing below, I attest that the applicant has completed the requirements as set forth in 202 KAR 7:601

Course Date	Course Topic	Lecture	Skill	KBEMS Course Approval Number	KBEMS Certified Instructor Name	KEMSIS #	Signature

Completed a minimum of five (5) presentations meeting the objectives of the National Emergency Medical Services Education Standards for Educating EMS Instructors
And
Demonstrated skills from at least five (5) subjects meeting the objectives of the National Emergency Medical Services Education Standards for Educating EMS Instructors