



EMT Reinstatement Skills Verification Report	OFFICE USE ONLY

Applicant Information

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

Please check the boxes below to validate that the following psychomotor skills have been completed by the applicant:

<input type="checkbox"/>	Patient Assessment/Management-Trauma *E201 NREMT
<input type="checkbox"/>	Patient Assessment/Management-Medical *E202 NREMT
<input type="checkbox"/>	
<input type="checkbox"/>	Monitoring, Maintaining, and Discontinuing of Pre-established Patient Intravenous Infusions in Prehospital, Interfacility, and Facility-to-Home Encounters- *KBEMS E-40
<input type="checkbox"/>	Using a Noninvasive Monitoring Device-Application of End-tidal Carbon Dioxide Monitoring- *KBEMS E-39
<input type="checkbox"/>	Advanced Airway Management: Blindly inserted Airway Devices (BIADs)- *KBEMS E-37
<input type="checkbox"/>	Administration of Epinephrine- *KBEMS E-42

Regulatory Statement

EMT has successfully completed requirements for the National Emergency Medical Services – Instructional Guidelines and National EMS Scope of Practice for the Emergency Medical Technician (EMT) and any requirements as set forth in KRS 311A and 202 KAR 7: 701.

Signatures

Student

Print Name	Signature	Date

Instructor

Print Name	Signature	Date

Certifying State	Certification Level	Certification Number