



<b>EMT Supplemental Curriculum Training Verification Report</b>	<b>OFFICE USE ONLY</b>

**EMT Information**

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

**Training Information**

Training Agency Name	Training Agency Contact				
Training Agency Address	Training Agency Phone Number				
	Training Agency Email Address				

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

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

**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