



Paramedic Course Completion	OFFICE USE ONLY

Paramedic Student Information

Name				KEMSIS #	
Address				Birthday	
City		State		Zip	
Phone		Alt. Phone		E-Mail	

Course Information

Training and Educational Institution Name					
Paramedic Course Location					
Course Number		Course Start Date		Course End Date	

Regulatory Statement

Applicant has successfully completed, all requirements for the National Emergency Medical Services – Instructional Guidelines and National EMS Scope of Practice for Paramedics and any requirements as set forth in KRS 311A and 202 KAR 7.

Signatures

Student

Print Name	Signature	Date

Educator

Print Name	Signature	Date

Medical Director Verification

Print Name	Signature	Date