



EMT Supplemental Curriculum Training Verification Report	OFFICE USE ONLY

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:

<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