



Initial Course Completion Verification	OFFICE USE ONLY
This is for students who have completed a KBEMS approved certification course that were not issued a course completion certificate from their training institution.	

Student Information

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

Course Information

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

Signatures (Electronic Signatures Acceptable)

Student

Print Name	Signature	Date

I hereby certify that the information provided on this form is complete and true. I understand that knowingly supplying false information on this form is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my temporary certification/license application can be returned to me incomplete if I fail to provide all information requested on this form.

EMS-TEI Administrator, Coordinator, or Instructor

Print Name	Signature	Date

I hereby certify that the information provided on this form is complete and true. I understand that knowingly supplying false information on this form is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein.