



Verification of Competency	OFFICE USE ONLY

Applicant Information

Name				KEMSIS ID#	
Address					
City		State		Zip	
Primary Phone		Mobile		Email	

Method I: Obtain ONE of the following signatures:

"I do hereby verify the competency of the above applicant in reference to all skills required by the level of certificate or license requested by the applicant."

Medical Director -or-

Print Name		Signature		Date	
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Ambulance Service Director -or-

Print Name		Signature		Date	
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Ambulance Service Training Director

Print Name		Signature		Date	
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Method II: Submit Evidence for the following certifications:

Current registration as an National Registered Emergency Medical Technician (NREMT) Paramedic

or submit proof of the following certifications:

Advanced Cardiac Life Support (ACLS)

Pediatric Advanced Life Support (PALS) or Pediatric Education for the Prehospital Provider (PEPP)

International Trauma Life Support (ITLS),
PreHospital Trauma Life Support (PHTLS), or
Critical Care EMT-P Certification (CCEMT-P)

Signature

I certify that the information given in this application is accurate to the best of my knowledge and recognize that falsification of this application may result in revocation of license(s).

Signature of Applicant Print Name Date