**\*EMS-TEI Name and Number Here\***

**Certificate of Course Completion**

**JOHN J. SMITH**

**The above-named individual has completed the (\*\*Correct total contact hours, and course, and course # here, similar to: 120-hour Emergency Medical Technician Course, #XXX-XX-XX-X,\*\*) and has successfully passed all requirements of the National Emergency Medical Services Education Standards - Instructional Guidelines and EMS Scope of Practice Model as required by KAR 202 7:601 and KAR 202 7:701.**

 **Signature: John Doe**

**Course Completion Date: Xxxxx XX, 20XX** **John Doe, \*Title - Course Instructor, Coordinator or Administrator\***