Medical Director Verification of EMT-II Experience Form

Section of Community Health and Emergency Medical Services
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I, _____ (print name), as the Medical Director for

_____ (EMS agency/organization) attest that

_____(EMT-III Candidate) has had at least ten

(10) patient contacts. Patient contact is defined as *"a contact by an EMT with a person who is sick or injured in which the EMT performs at least one of the following: (A) patient assessment; (B) obtaining vital signs; (C) providing treatment"* while certified as an EMT-II.

I have determined that the candidate has had these patient contacts by the following method:

□ Run reviews

□ Direct observation

□ Other, please describe _____

Signed: _____ Date: _____

Phone: _____

Address: _____