

# *Medical Director Verification of EMT-II Experience Form*

## Section of Community Health and Emergency Medical Services

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<http://www.chems.alaska.gov>

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: \_\_\_\_\_