EMS Course Completion

Department Of Health & Social Services
Division of Public Health
Section of Emergency Programs
P.O. Box 110616, Juneau, AK 99811-0616
Phone: (907) 465-8741 FAX: (907) 465-4101
http://www.ems.alaska.gov

Level of Class (Check One)

☐	ETT	☐	ETT to EMT-1 Bridge	☐	Alaska Specific Orientation
☐	EMT-I	☐	Methods of Instruction	☐	Medevac Escort
☐	EMT-II	☐	Advance Instructor Orientation	☐	Medevac Instructor
☐	EMT-III	☐	Basic Instructor Orientation	☐	MICP

Type of Class (Check One) ☐ Initial ☐ Refresher

Course Number: _____ Total Classroom Hours: ____

Please report if any of the following conditions changed during the course of your class:

☐ Change in course schedule (Please attach schedule with changes)
☐ Change in course Instructor (Please list new instructor)
☐ Change in the number of hours in the class (Please attach schedule with hours noted)

_____ _____
Name of Instructor Contact Phone

As an Instructor certified by the Department of Health and Social Services, I affirm that this course was taught in compliance with the State EMT/EMT-Instructor Certification Regulations.

_____ _____
Signature of Instructor Date

This completed form should be accompanied by a class roster which lists each student's name, course completion status, and whether the practical examination was passed. Send the top copy to the State EMS Office, the second copy to the Regional EMS Office, and keep the third copy for your records.