



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMERGENCY MEDICAL TECHNICIAN-I COURSE RECORD

I. TRAINING PROVIDER NAME: _____ **COURSE NO:** _____

Location: _____ Date of Course Completion: ____/____/____

II. TYPE OF COURSE:

Basic Refresher Challenge Written & Skills Exams ONLY

III. TO BE COMPLETED BY PRINCIPAL INSTRUCTOR: I hereby certify that the persons whose names listed below are designated according to final class status (i.e. pass, fail, completed, dropped) and that these records concur with the records of the training institution. I also certify that individuals participating in the final/certifying examination did so after verification of completion of all modules of the course by my signature. I have informed the class of ICEMA's Certification Policies and have distributed the Certification Form to each student.

_____/_____/_____
Skills Examination Date

_____/_____/_____
Written Examination Date

Principal Instructor Signature

_____/_____/_____
Date

IV. TO BE COMPLETED BY PROGRAM DIRECTOR OR DESIGNEE: I hereby certify that all persons listed below have completed the course and passed the final/certifying examination and was issued course completion records on:

_____/_____/_____
Date

Program Director/Designee Signature

_____/_____/_____
Date

V. PRINT OR TYPE-LIST NAMES ALPHABETICALLY:

COURSE EXAM
COMP INCOMP PASS FAIL

LAST	FIRST	SS#	ADDRESS				

Submit to ICEMA within fifteen (15) days after completion of the course.

