INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 SOUTH 'D' STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

COURSE COMPLETION RECORD FOR EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC

Paramedic Training Program: _____ Course No.: _____

Location Address & City: _____

Date of Course Completion: _____

I hereby certify that the individuals named on this record have successfully completed a California approved paramedic-training program. This paramedic program meets the requirements for paramedic instruction as specified in Title 22, California Code of Regulations. This course exceeds the United States Department of Transportation Standard EMT-Paramedic curriculum. I have informed the class of Paramedic State Licensing and Local EMS Agency Accreditation requirements. ICEMA's list of Optional Scope of Practice Procedures and medication approved for administration include Intraosseous Infusion, Transcutaneous Cardiac Pacing, Nasogastric/Orogastric Tube Insertion, Ketamine, Magnesium Sulfate and Tranexamic Acid (TXA).

_____ _____
Program Director Signature Date

PRINT OR TYPE/LIST NAMES ALPHABETICALLY

Name (Last, First, MI)	Field Internship Provider	Preceptor	Local Accreditation #

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

Effective 07/15/19: mae

Name (Last, First, MI)	Field Internship Provider	Preceptor	Local Accreditation #

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

Effective 07/15/19: mae