EMT-1 to **EMT-2** Course Prerequisite Verification

Instructions: An applicant for the EMT-1 to EMT-2 Course should complete all blocks in section A. Each line in Section B should be completed by the individual who witnessed the patient contact. The witness must be an individual certified at the EMT-1 or above, who is certified or licensed to perform the skills being verified. The applicant must complete the prerequisites prior to entry into the EMT-2 course. A copy of this form must be uploaded to the State of Alaska electronic certification application along with the 5 patient care reports.

			Section A: Appl	icant Information		
Name of Applicant:				Name of Instructor EMT-2 Course		
EMT 1 Certification #:				EMT-2 Course Number:		
Name of Sponsoring Physician:				Name of Sponsoring Department:		
			Section B: Ten	Patient Contacts		
Date	Witness or Training Officer Name & Level of Training		Wi	tness Signature	Run # (if applicable)	Age of Patient
			Section C: 5 Pat	ient Care Reports		
Attach 5 pa	itient care reports	from actual runs, with		•	rmation (PHI) to ensure H	IPAA Compliance.
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			Defir	nitions:		
Patient or	Patient Contact	An encounter between a licensed or certified person and a person who has an actual or anticipated healthcare				
need to include at a minimum a primary assessment.						
Note: One patient encounter may fulfill multiple prerequisites i.e. patient contact and Patient Care Reports						