EMERGENCY MEDICAL TECHNICIAN – BASIC CONTINUING EDUCATION REPORT

State Form 52319 (R4 / 7-13)

INDIANA DEPARTMENT OF HOMELAND SECURITY
EMS CERTIFICATION
302 West Washington Street, Room E-239
Indianapolis, IN 46204
1-800-666-7784

INSTRUCTIONS: Please type or print clearly.

EMT – BASIC CONTINUING EDUCATION REGISTRANT

Public Safety Identification number		EMS Affiliation ☐ Yes ☐ No
Last name	First name	Middle initial
Mailing address 1 *(number and street)*		
Address 2		
City	State	ZIP code
Driver's license number	Home telephone number ( )	Cellular telephone number ( )
E-mail address		Reporting date *(month, day, year)*

VIOLATION STATEMENT

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? (Excluding minor traffic violations) ☐ Yes ☐ No

Have you previously reported this conviction to the Emergency Medical Services Commission? ☐ Yes ☐ No

EMS REGISTRANT SIGNATURE

I, the undersigned EMT-Basic, hereby affirm, under the penalty of perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be cause for revocation of my certification by the Emergency Medical Services Commission. I understand that the Emergency Medical Services Commission may conduct an audit of my recertification activities at any time.

Signature of applicant	Date *(month, day, year)*

Have you been trained in NIMS/ICS? ☐ Yes ☐ No

Level of NIMS/ICS training. ☐ 100 ☐ 200 ☐ 300 ☐ 400 ☐ 700 ☐ 800 ☐ Other _____

Would you be willing to assist in a disaster? ☐ Yes ☐ No

INDICATE ALL CURRENT AFFILIATIONS

AMBULANCE PROVIDER ORGANIZATIONS

Name of Primary Provider		Provider Certification number
Street address *(number and street)*		Telephone number ( )
City	State	ZIP code
Signature of CEO		Date *(month, day, year)*
Name of Secondary Provider		Provider Certification number
Street address *(number and street)*		Telephone number ( )
City	State	ZIP code

SECTION I CONTINUING EDUCATION HOURS

Thirty-four (34) hours of any combination of lectures, critiques, skills proficiency exams, continuing education or teaching sessions consistent with the EMT – Basic curricula. Continuing Education activities may also include any update course required by the commission.

DATE *(month, day, year)*	NUMBER OF HOURS	TOPIC	SIGNATURE OF INSTRUCTOR

SECTION II	EMT BASIC AUDIT & REVIEW	Six (6) hours are required.

If candidate is not affiliated with an ambulance provider, additional hours maybe added to the continuing education hours to complete these six (6) hours.

DATE *(month, day, year)*	NUMBER OF HOURS	TOPIC	SIGNATURE OF INSTRUCTOR

SECTION III SKILLS PROFICIENCY EVALUATION

1. No specific amount of time is required on any skill.
2. All signatures must be original.

TOPIC	DATE *(month, day, year)*	SIGNATURE OF EVALUATOR
Cardiac Arrest Management / AED		
Airway Management, (Oropharyngeal airway, Nasopharyngeal airway, Bag Valve Mask, Combi-Tube, Ventilation, Mouth-to-Mask with Oxygen)		
Spinal Immobilization, Seated		
Spinal Immobilization, Supine		
Patient Assessment, Trauma		
Patient Assessment, Medical		
Long Bone Immobilization		
Joint Injury Immobilization		
Traction Splint Immobilization		
Bleeding and Shock Management		