



**EMERGENCY MEDICAL SERVICES-
PRIMARY INSTRUCTOR CONTINUING
EDUCATION & ACTIVITY REPORT**

State Form 54507 (12-10)

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



PLEASE TYPE OR PRINT CLEARLY

PRIMARY INSTRUCTOR INFORMATION			
Public Safety ID Number		Reporting Date (month, day, year)	
Last Name		First Name	Middle Initial
Address 1 (number and street)			
Address 2 (number and street)			
City		State	Zip Code
Driver's License Number		E-mail Address	
Home Telephone () -	Cell Number () -	Work Number () -	
VIOLATION STATEMENT			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a crime other than a minor traffic violation, as an adult?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you previously reported this conviction to the Indiana Department of Homeland Security?			
EMERGENCY MEDICAL SERVICES REGISTRANT SIGNATURE			
<p>I, the undersigned Primary Instructor, 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 maybe sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the audit of the recertification activities listed at any time.</p>			
Signature of Primary Instructor		Date (month, day, year)	
Printed Name of Training Institution Official		Name of Affiliated Training Institution	
Signature of Approval (Training Institution Official)		Date (month, day, year)	
Have you been trained in NIMS/ICS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Level of NIMS/ICS training. <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> Other _____			
Would you be willing to assist in a disaster? <input type="checkbox"/> Yes <input type="checkbox"/> NO			

