

Saint Joseph County EMS Committee Guideline Requirement Verification

EMPLOYEE NAME: _____

DEPARTMENT/SERVICE _____ START DATE: _____

CERTIFICATION LEVEL: _____ STATE PSID # _____

**A PARAMEDIC, EMT-I, OR EMT-BA CANDIDATE
MUST COMPLETE REQUIREMENTS 1,2,3,4,5,
BEFORE ALLOWED TO WORK**

1. Meet Medical Directors :

A. Jason Jaronik, M.D. _____ Date: _____
B. Keith Sherry, M.D. _____ Date: _____

2. Meet EMS Coordinators:

A. Kerry Hershberger, EMT-P. _____ Date: _____
B. John McMillen, EMT-P. _____ Date: _____

3. Current ACLS Certification (Paramedic/EMT-Intermediate only):

Course Location _____ Date: _____

4. Receive copy from employer:

A. SJCEMSC Guidelines: _____ Date: _____
B. Medical Disaster Plan: _____ Date: _____

**5. Have received, in the process of receiving, or refusing immunization against Hepatitis B.
Mark, which applies, and Proof is required.**

- A. Received Immunization: _____ (Attach documentation)
- B. In the process of Immunization: _____ Last date received: _____
- C. I refuse Immunization: _____ (Sign and Attach Waiver)

F. Megacode Retest Pass:_____ Fail:_____ Date:_____
Signature:_____

Comments:_____

THE PARAMEDIC, EMT-I 99, OR EMT-BA CANDIDATE MUST
COMPLETE THE FOLLOWING REQUIREMENTS
WITHIN 90 DAYS OF START DATE OR
FIRST COURSE OFFERED IN SAINT JOSEPH COUNTY AREA

A. Current PALS or PEPP+(resusc station) certification: (Paramedic and Intermediate)

Course location:_____ Date:_____

B. Current PHTLS or ITLS certification:(Paramedic, Intermediate, and EMT-BA)

Course location:_____ Date:_____

LEAD PARAMEDIC/EMT-INTERMEDIATE STATUS OPTION
COMPLETED AFTER PROCTORING REQUIREMENTS

A. Guidelines Test Pass:_____ Fail:_____ Date:_____

EMS Coordinator Signature:_____

B. Disaster Test Pass:_____ Fail:_____ Date:_____

EMS Coordinator Signature:_____

C. Advanced Practical Exam Pass:_____ Fail:_____ Date:_____

EMS Coordinator Signature:_____

D. Retest Advanced Practical Exam Pass:_____ Fail:_____ Date:_____

EMS Coordinator Signature:_____

Signatures and dates must be completed for each requirement, and submitted to
department EMS chief or service manager for approval before submitting to EMS
coordinators

EMS Chief, Director, or Manager

Date:_____

Paramedic, EMT-Intermediate 99, or EMT-BA Candidate

Date:_____