



Terminal Competency Form

(Check one)

- Emergency Medical Technician
- Advanced Emergency Medical Technician

We hereby attest that the candidate listed below has successfully completed all the Terminal Competencies required for graduation from an Initial Education program as a minimally competent, entry-level, provider and as such is eligible for National Certification written and practical examination in accordance with our published policies and procedures.

Name of Graduate: _____

D.O.B. _____

PROGRAM REQUIREMENTS successfully and fully completed on: _____

Written Examinations (list those courses/sections that require final exam or final grade)

Section:	Grade:	Section:	Grade:	Section:	Grade:
(Ex: Trauma)	(90)				
				Clinical*	
				Field Internship	
				Team Leads**	

*Optional for EMT/AEMT

**AEMT Level only

- Practical Skills Sheets (all program required skills sheets)
- Clinical Tracking Records (attended all required areas, completed required skill repetitions, etc.)
- Field Internship Tracking Records (number of team leads, achieved objectives, etc.)
- Affective learning domain evaluations
- Student Counseling Form (s), as applicable

CARD COURSE CERTIFICATIONS Issue date (if applicable, prior to graduation)

BLS CPR*		ACLS		ICS 100*	
PALS/EPC		GEMS		ICS 700*	
ITLS/PHTLS		TIMS*		Other:	

*are required courses for successful completion of an initial education course.

Name of Program: _____

Course Approval #: _____

Student (signature & date) _____

Program Director (signature & date) _____

Medical Director* (signature & date) _____

*(recommended)