



**INLAND COUNTIES  
EMERGENCY MEDICAL AGENCY**  
*Serving*  
San Bernardino, Inyo & Mono Counties

## ADVANCED EMERGENCY MEDICAL TECHNICIAN COURSE COMPLETION RECORD

**TYPE OF COURSE:**

Basic       Refresher       Challenge

Training Program Name: \_\_\_\_\_ Course No.: \_\_\_\_\_

Location Address & City: \_\_\_\_\_

Date of Course Completion: \_\_\_\_\_

**TO BE COMPLETED BY PRINCIPAL INSTRUCTOR:** I hereby certify that the persons whose names are listed below successfully completed the ICEMA approved Advanced EMT course and that the individuals participating in the final/certifying examination did so after verification of completion of all modules of the course by my signature. I have informed the class of ICEMA's Online Credentialing System to apply for AEMT Certification, and have distributed the current policy Reference #1010 - AEMT Certification to each student.

\_\_\_\_\_  
Skills Examination Date

\_\_\_\_\_  
Written Examination Date

\_\_\_\_\_  
Principal Instructor Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PROGRAM DIRECTOR OR DESIGNEE:** I hereby certify that the persons whose names are listed below successfully completed the ICEMA approved Advanced EMT course and were issued a tamper resistant AEMT course completion certificate and that these records concur with the records of the training program.

\_\_\_\_\_  
Program Director/Designee Signature

\_\_\_\_\_  
Date

**PRINT OR TYPE NAMES ALPHABETICALLY:**

LAST	FIRST	ADDRESS	DATE CERTIFICATE ISSUED

**Submit to ICEMA within 15 days after completion of the course.**

