



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

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

**EMERGENCY MEDICAL TECHNICIAN
COURSE COMPLETION RECORD**

TYPE OF COURSE:

- Basic Refresher Challenge Written & Skills Exams ONLY

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 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 EMT Certification, and have distributed the current policy Reference #1020 - EMT 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 EMT course and were issued a tamper resistant EMT 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 | Complete | Incomplete | Pass | Fail |
|------|-------|---------|-------------------------|----------|------------|------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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



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

| LAST | FIRST | ADDRESS | DATE CERTIFICATE ISSUED | Complete | Incomplete | Pass | Fail |
|-------------|--------------|----------------|--|-----------------|-------------------|-------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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