



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

**EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
COURSE COMPLETION RECORD**

Training Program Name: _____ Course No.: _____

Location Address & City: _____

Date of Course Completion: _____

I hereby certify that the individuals named on this record have successfully completed a California approved Emergency Medical Technician-Paramedic (EMT-P) training program. This EMT-P program meets the requirements for EMT-P instruction as specified in Title 22, California Code of Regulations. This course exceeds the United States Department of Transportation Standard EMT-P curriculum. I have informed the class of Paramedic State Licensing and Local EMS Agency Accreditation requirements. ICEMA's list of Optional Scope of Practice Procedures and medication approved for administration include intraosseous infusion, transcutaneous cardiac pacing, and nasogastric/orogastric tube insertion, Ketamine, Magnesium Sulfate and Tranexamic Acid (TXA).

Program Director Signature Date

PRINT OR TYPE NAMES ALPHABETICALLY

Name (Last, First, MI)	Field Internship Provider	Preceptor	ICEMA Accreditation #	Clinical Shift Completion Date

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



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