

Office of Emergency Medical Services

Telephone (860) 509-7558

Fax (860) 509-7987

http://www.dph.state.ct.us/EMS/index.htm

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Keeping Connecticut Healthy

Verification of EMS Training Course

TO BE COMPLETED BY APPLICANT ONLY

Applicant- Complete the top portion of this form and forward it to each state or territory (not applicable to the National Registry) where you have been licensed, certified, or registered as a emergency medical services provider (make copies as necessary).

Section 1: Applicant information

Last Name: First Name: MI: SSN: - -

Address: No. & Street City State Zip Code

Original License/Certification number Date Issued

I hereby authorize to furnish the Connecticut Department of Public Health the information requested below.

Signature Date

TO BE COMPLETED BY VERIFYING AUTHORITY ONLY

Section 2: Verifying Authority: Please complete this section as completely as possible. The information you provide will assist in the review of this individual's eligibility for Connecticut EMS certification/recertification.

For All Courses: The course was an: Initial Refresher training program for: MRT EMT EMT-I

I certify that the above named individual satisfactorily completed the following approved training course:

- Department of transportation EMT-Initial National Standard Curriculum.
Department of transportation First Responder National Standard Curriculum.
Department of transportation EMT-Refresher National Standard Curriculum. Please indicate number of hours completed
American Red Cross Advanced First Aid Course.
American Red Cross Emergency Response Program including Breathing Devices II and ARC CPR for professional rescue program.

Dates of Course:

MRT- Basic/Refresher - From: To: Course location Course hours

EMT- Basic/Refresher - From: To: Course location Course hours

EMT-I- Basic/Refresher - From: To: Course location Course hours

EMS-I Certification Number:

I certify that the applicant successfully completed a written and practical examination at the conclusion of this course. Yes No

I certify that the above named applicant successfully completed the above training program, including written and practical exams, and that such program met the requirements of DPH Regulations or, if outside of Connecticut, adhered to the U.S. DOT, NHTSA National Standard Curriculum.

Signature of Course Instructor/Coordinator Daytime Phone No. Date

Printed Name of Course Instructor/Coordinator E-mail:

Signature of Course Medical Director (For EMT-I courses only) Physician License No. Date

Please fax or mail this form directly to: CT Department of Public Health, EMS Certification • 410 Capitol Ave., MS #12 EMS • P.O. Box 340308 • Hartford, CT 06134-0308.

Please note that MRT and EMT applicants may complete one out-of-state refresher training course throughout the lifetime of the certificate which may be accepted in lieu of a refresher training course required by this department provided: (i) the applicant is currently certified as an EMT for EMT recertification or as a person entitled to perform similar services under a different designation in another state; (ii) the refresher training program is equal to the refresher training program required by this department; and (iii) the refresher training program is approved by the appropriate regulatory body of such other state.