EMT-II Candidate Proof of Patient Contact Form

Section of Injury Prevention and Emergency Medical Services
PO Box 110616 Juneau, AK 99811-0616
(907) 465-3027 FAX (907) 465-6736
http://www.chems.alaska.gov

Instructions: An applicant for EMT-II training should complete all blocks in section A. Each line in Section B should be completed by either the individual who witnessed the patient contact or the EMS Chief or Training Officer of your organization. The applicant must complete the ten (10) required patient contacts prior to entry into an EMT-II training class. The original completed form must be returned to the Section of Community Health and EMS with your application. A copy must be presented to your EMT-II Instructor prior to enrollment in the class. You should keep a copy of this form for your own records. **Applicants who do not complete the required patient contacts will not be accepted into EMT-II training.**

Section A, Applicant and Course Information	
Name of Applicant:	Alaska EMT-I Certification Number:
Printed Name and Signature of EMT-II Course Instructor:	EMT-II Course Start Date:

Section B, Witness Information
(Patient Contacts may also be verified by the EMS Chief or Agency Training Officer if a witness is not available)

Date:	Witness Name and Level of Training	Witness Contact Phone or E-mail Address	Witness Signature

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