



STATE OF NEVADA
 Department of Health and Human Services
 Division of Public and Behavioral Health
Emergency Medical Systems Program
 4150 Technology Way, Suite 101
 Carson City, Nevada 89706

PAGE _____ OF _____

EMS COURSE COMPLETION REPORT

Course No: _____ Agency/Institution: _____

Completion Date: _____ Course Coordinator: _____

Course Type: EMR EMT Advanced EMT Paramedic

	<u>Student Last Name</u>	<u>Student First Name</u>	<u>NV EMS No. -or- DOB</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

By signing this form, I certify that the course was taught in accordance with the National EMS Education Standards as prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation, and that all students named above have successfully completed all requirements set forth by the agency/education institution and the State EMS Program.

Course Coordinator: _____ Date: _____

Medical Director: _____ Date: _____



STATE OF NEVADA
 Department of Health and Human Services
 Division of Public and Behavioral Health
Emergency Medical Systems Program
 4150 Technology Way, Suite 101
 Carson City, Nevada 89706

PAGE _____ OF _____

EMS COURSE COMPLETION REPORT – ADDITIONAL PAGE

Course No: _____ Agency/Institution: _____

<u>Student Last Name</u>	<u>Student First Name</u>	<u>NV EMS No. -or- DOB</u>
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____
36. _____	_____	_____
37. _____	_____	_____
38. _____	_____	_____
39. _____	_____	_____
40. _____	_____	_____

By signing this form, I certify that the course was taught in accordance with the National EMS Education Standards as prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation, and that all students named above have successfully completed all requirements set forth by the agency/education institution and the State EMS Program.

Course Coordinator: _____ Date: _____

Medical Director: _____ Date: _____