



**EMERGENCY MEDICAL TECHNICIAN
COURSE SKILLS EVALUATION**

Student Name: (Print or Type) _____

Class Number: _____ **Class Location:** _____

I verify that I have completed all the required skills through theory and have obtained required competency.

Student's *Signature*

Date

I confirm that the above named student has successfully completed all didactic, laboratory, clinical and field internship as outlined in the National DOT EMT Educational Standards. The student has completed through theory and obtained competency of all skills. The student has also met all attendance requirement outlined in the program syllabus.

Instructor Coordinator Name (Print or Type)

Instructor Coordinator *Signature*

Date

Program Director Name (Print or Type)

Program Director *Signature*

Date

Medical Director Name (Print or Type)

Medical Director Coordinator *Signature*

Date