



TENNESSEE DEPARTMENT OF HEALTH
 OFFICE OF EMERGENCY MEDICAL SERVICES
**PARAMEDIC COMPREHENSIVE
 PRACTICAL SKILLS EVALUATION**

Student Name: (Print or Type) _____

Class Location: _____ Class Number: _____

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 Paramedic Educational Standards. The student has completed through theory and obtain competency of all skills required. The student has also met all attendance requirements 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's Name (Print or Type)

 Medical Director's *Signature*

 Date