BLS/ALS COURSE COMPLETION VERIFICATION

☐ **Certification Code**

1= First Responder
2= EMT-Basic
3= I V Technician
4= Airway Technician
5= IV/Airway Technician
6= ILS Technician
7= ILS/Airway Technician
8= Paramedic

☐ **Skill Code**

1= PASG
2= Automatic Defibrillation
3= Manual Defibrillation
4= IV Monitor/Maintenance
5= PTL/Combitube
6= Other_____

Training Agency _____ **Course Location** _____

Course # Assigned by DOH/EMTP _____ **Completion Date** _____

APPROVAL SIGNATURES

Course Coordinator _____ **Senior EMT Instructor** _____

Delegated Trng/Supr. Phys _____ **County Medical Program Director** _____

We recommend certification or recognition, at the level indicated above, for those students who have successfully completed course requirements defined in RCW 18.71 or 18.73.

	NAME Last First M.I.	Initial/ Recert	AGENCY CODES	COURSE COMPLETION Pass / Fail	CLINICAL/FIELD ROTATION VERIFIED BY	DATE
1			1._____ 2._____			
2			1._____ 2._____			
3			1._____ 2._____			
4			1._____ 2._____			
5			1._____ 2._____			

	NAME Last First M.I.	Initial/ Recert	AGENCY CODES	COURSE COMPLETION Pass / Fail	CLINICAL/FIELD ROTATION VERIFIED BY	DATE
6			**1.**_____ **2.**_____			
7			**1.**_____ **2.**_____			
8			**1.**_____ **2.**_____			
9			**1.**_____ **2.**_____			
10			**1.**_____ **2.**_____			
11			**1.**_____ **2.**_____			
12			**1.**_____ **2.**_____			
13			**1.**_____ **2.**_____			
14			**1.**_____ **2.**_____			
15			**1.**_____ **2.**_____			
16			**1.**_____ **2.**_____			
17			**1.**_____ **2.**_____			
18			**1.**_____ **2.**_____			
19			**1.**_____ **2.**_____			
20			**1.**_____ **2.**_____			

	NAME Last First M.I.	Initial/ Recert	AGENCY CODES	COURSE COMPLETION Pass / Fail	CLINICAL/FIELD ROTATION VERIFIED BY	DATE
21			**1.**_____ **2.**_____			
22			**1.**_____ **2.**_____			
23			**1.**_____ **2.**_____			
24			**1.**_____ **2.**_____			
25			**1.**_____ **2.**_____			
26			**1.**_____ **2.**_____			
27			**1.**_____ **2.**_____			
28			**1.**_____ **2.**_____			
29			**1.**_____ **2.**_____			
30			**1.**_____ **2.**_____			
31			**1.**_____ **2.**_____			
32			**1.**_____ **2.**_____			
33			**1.**_____ **2.**_____			
34			**1.**_____ **2.**_____			
35			**1.**_____ **2.**_____			

	NAME Last First M.I.	Initial/ Recert	AGENCY CODES	COURSE COMPLETION Pass / Fail	CLINICAL/FIELD ROTATION VERIFIED BY	DATE
36			**1.**_____ **2.**_____			
37			**1.**_____ **2.**_____			
38			**1.**_____ **2.**_____			
39			**1.**_____ **2.**_____			
40			**1.**_____ **2.**_____			
41			**1.**_____ **2.**_____			
42			**1.**_____ **2.**_____			
43			**1.**_____ **2.**_____			
44			**1.**_____ **2.**_____			
45			**1.**_____ **2.**_____			
46			**1.**_____ **2.**_____			
47			**1.**_____ **2.**_____			
48			**1.**_____ **2.**_____			
49			**1.**_____ **2.**_____			
50			**1.**_____ **2.**_____			