



**STATEMENT OF REMEDIATION FOR THE EMS COMMISSION
APPROVED CURRICULUM**

State Form 54414 (R / 1-13)



- INSTRUCTIONS:**
1. Please type or print clearly all information. Incomplete forms will be returned to applicant.
 2. Completed remediation form must be submitted prior to third attempt of written certification exam.
 3. Submit to certcourseapps@dhs.in.gov or mail to Indiana Department of Homeland Security, EMS Certifications, 302 West Washington Street, Room E239, Indianapolis, IN 46204.

Name of EMS candidate	Public Safety Identification (PSID) number	Course number
<p>The primary instructor verifies that the above named candidate has been remediated in all areas of the EMS Commission approved hours. The candidate spent the required hours which either meets or exceeds the EMS Commission approved required remediation.</p>		
<p><i>Check one:</i></p> <p><input type="checkbox"/> Required minimum six (6) hours for Emergency Medical Responder</p> <p><input type="checkbox"/> Required minimum twenty-four (24) hours for Emergency Medical Technician</p> <p><input type="checkbox"/> Required minimum twenty-four (24) hours for Advanced Emergency Medical Technician</p>		
Signature of EMS candidate	Date (month, day, year)	
Name of primary instructor	Public Safety Identification (PSID) number	
Signature of primary instructor	Date (month, day, year)	