

## Primary Instructor Verification of Course Completion

This form\*, with the original of the Primary Instructor's signature, must accompany each person attempting a written examination for certification. Candidates needing to attempt a retest of the written examinations will be required to present their original letter received from the certification office notifying them of the retest. This original will be submitted with examination materials for processing.

**Failure to present an original of this form\* or the retest notification letter at a written examination site will prevent the candidate from testing at that site.**

\_\_\_\_\_ has successfully completed

\_\_\_\_\_ (course number). The course completion

date as shown on the Report of Training was \_\_\_\_\_.

The Training Institution for this class was \_\_\_\_\_.

Primary Instructor's Name (printed): \_\_\_\_\_.

Primary Instructor's Signature: \_\_\_\_\_.

**\*Candidates for Reciprocity or Re-certification will have a letter generated by the EMS Certification Staff for their initial test entry.**

Required: **November 1, 2002**