This is to verify that the following student has successfully completed

all components of the EMT Initial course and is eligible to test.

PLEASE PRINT CLEARLY

STUDENT NAME: _____

RESA COURSE NUMBER: _____ COURSE COMPLETION DATE: _____

WVOEMS COURSE APPROVAL CODE: _____

Passed Haz Mat Awareness Test: _____ (date passed)

Completed Patient Assessments: _____ (date completed)

Passed Practical Skills: _____ (date passed)

COURSE INSTRUCTOR SIGNATURE: _____DATE: _____

RESA COORDINATOR'S SIGNATURE: _____DATE:_____

THIS LETTER MUST BE PRESENTED AT THE TESTING SITE.

NO EMT INITIAL STUDENTS WILL BE ELIGIBLE TO TEST WITHOUT THIS LETTER.