



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSE AND REGULATIONS
OFFICE OF EMERGENCY MEDICAL SERVICES
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243
TELEPHONE: 615-741-2584

VERIFICATION OF PARAMEDIC CRITICAL CARE TRAINING

This is to verify that

STUDENT NAME

has successfully completed all course objectives and demonstrated proficiency and competency in all areas of a board approved Critical Care Paramedic Program.

EDUCATIONAL PROGRAM

Program Director (Print Name)

Medical Director (Print Name)

Program Director (Signature)

Medical Director (Signature)

Course Approval Number

Date