



ADVANCED EMERGENCY MEDICAL TECHNICIAN
COURSE SKILLS EVALUATION

Student Name: (Print or Type) _____

Class Location: _____ Class Number: _____

I verify that I have completed all the required skills through theory and have obtained required competency.

Student's Signature Date

I confirm that the above named student has successfully completed all didactic, laboratory, clinical and field internship as outlined in the National DOT AEMT Educational Standards. The student has completed through theory and obtain competency of all skills listed in this document. The student has also met all attendance requirements outlined in the program syllabus.

Instructor Coordinator Name (Print or Type) Instructor Coordinator Signature Date

Program Director Name (Print or Type) Program Director Signature Date

Medical Director's Name (Print or Type) Medical Director's Signature Date