

Medical Director Verification of EMT-2 Student Experience Form

State of Alaska Emergency Medical Services Unit

PO Box 110616
Juneau, AK 99811-0616
(907) 465-8234

I, _____ (print name), in my duties as Medical Director for

_____ (EMS agency/organization) attest that

_____ (EMT-II Candidate) has had at least ten
(10) patient contacts. Patient contact is defined as “a contact by an EMT with a person who is
sick or injured in which the EMT performs at least one of the following: (A) patient assessment;
(B) obtaining vital signs; (C) providing treatment” while certified as an EMT-I.

I have determined that the candidate has had these patient contacts by the following method:

- Run reviews
- Direct observation
- Other, please describe _____

Signed: _____ Date: _____

Phone: _____

Address: _____