**TABLE 3: STAFFING/TRAINING**

Reporting Year: \_\_\_\_\_\_\_\_

**NOTE:** Table 3 is to be reported by agency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EMT - Is** | **EMT - IIs** | **EMT - Ps** | **MICN** |
| Total Certified |  |  |  |  |
| Number newly certified this year |  |  |  |  |
| Number recertified this year |  |  |  |  |
| Total number of accredited personnel on July 1 of the reporting year |  |  |  |  |
| Number of certification reviews resulting in: | | | | |
| a) formal investigations |  |  |  |  |
| b) probation |  |  |  |  |
| c) suspensions |  |  |  |  |
| d) revocations |  |  |  |  |
| e) denials |  |  |  |  |
| f) denials of renewal |  |  |  |  |
| g) no action taken |  |  |  |  |

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs \_\_\_\_\_\_\_\_

b) Number of public safety (defib) certified (non-EMT-I) \_\_\_\_\_\_\_\_

2. Do you have an EMR training program 🞏 yes 🞏 no