



TABLE 2: MANPOWER AND TRAINING

County: _____

Reporting Year: _____

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					



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Available Training

Continuing Education Number: _____	Expiration Date of Training Program: _____
Student Eligibility: _____ (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: _____	
Phone Number: _____	
Address: _____ _____	Contact Name: _____

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														