

Course Number: _____ Course completion date: _____

The individuals listed below have successfully completed a minimum of 24 hours of didactic and practical training as outlined in the Utah Emergency Medical Training Standards. These students have successfully completed each of the objectives designated in the approved DOT lesson plans for EMD. They have demonstrated their knowledge and skill proficiency to me and they meet all other requirements outlined in Bureau policies. I, hereby, recommend the following individuals to be eligible for certification in the State of Utah:

- | | |
|-----------|-----------|
| 1. _____ | 19. _____ |
| 2. _____ | 20. _____ |
| 3. _____ | 21. _____ |
| 4. _____ | 22. _____ |
| 5. _____ | 23. _____ |
| 6. _____ | 24. _____ |
| 7. _____ | 25. _____ |
| 8. _____ | 26. _____ |
| 9. _____ | 27. _____ |
| 10. _____ | 28. _____ |
| 11. _____ | 29. _____ |
| 12. _____ | 30. _____ |
| 13. _____ | 31. _____ |
| 14. _____ | 32. _____ |
| 15. _____ | 33. _____ |
| 16. _____ | 34. _____ |
| 17. _____ | 35. _____ |
| 18. _____ | 36. _____ |

Course Coordinator Signature

Course Coordinator Name

Medical Director Signature

Medical Director name