

Course Number: \_\_\_\_\_

Course completion date: \_\_\_\_\_

The individuals listed below have successfully completed the minimum required 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 **EMT-I**. They have demonstrated their knowledge and skill proficiency to me and they meet all other requirements outlined in the TTPs and Bureau policies. I, hereby, recommend the following individuals to be eligible for testing in the State of Utah:

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Course Coordinator Signature

\_\_\_\_\_  
Course Coordinator Name

\_\_\_\_\_  
Medical Director Signature

\_\_\_\_\_  
Medical Director name