NORTH Dakota | Health
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North Dakota Department of Health

EMT Terminal Competency Form

Name of Graduate:_____ ND EMS ID#_____

Completion Date: _____ NREMT Application #:_____

I understand that completion of this program only allows for the opportunity to attempt the National Registry of Emergency Medical Technicians computer based and psychomotor exams; that I cannot practice as an EMT until I am licensed by the state of ND; and that EMTs are required to complete continuing education and quality improvement in order to recertify and relicense every 2 years.

Student Signature_____ Date: _____

PROGRAM REQUIREMENTS successfully and fully completed:

(Initials by instructor indicate verification of each requirement and evidence in the portfolio)

_ **Didactic Examinations** All homework, quizzes and exams passed

_ **EMT Skills Lab** All skills complete and all scenarios completed

_ **Practicum** All patient contacts completed

_ **ICS Complete** 100, 200, 700, 800, HazMat

_ **Summative written passed**

_ **Summative psychomotor passed**

_ **Student Counseling Form(s),** as applicable

_ **BLS Provider**

Please see attached student portfolio for detailed summary of skills and competencies performed

We hereby certify that the candidate listed above has successfully completed all of the Terminal Competencies required for graduation from the EMT Education program as a minimally competent, entry-level EMT and as such is eligible for National Certification written and practical examinations in accordance with our published policies and procedures.

_____ _____

Medical Director (signature) EMT Program Coordinator (signature)

Printed name: _____ Printed name: _____