



CoAEMSP

Terminal Competency Form

CoAEMSP Program Number:

Paramedic Program Name:

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

Name of Graduate:

PROGRAM REQUIREMENTS successfully and fully completed on

Written Examinations (list those courses that require final exam)

- | | | |
|-----|-----|------|
| (1) | (5) | (9) |
| (2) | (6) | (10) |
| (3) | (7) | (11) |
| (4) | (8) | (12) |

Paramedic Portfolio

Practical Skills Sheets (all program required skills sheets)

Clinical Tracking Records (attended all required areas, completed required skill repetitions, etc)

Field Internship Tracking Records (number of team leads, achieved objectives, etc)

Affective learning domain evaluations

Student Counseling Form(s), as applicable

Medical Director Signature:
(Digital or handwritten)

Date:

Program Director Signature:
(Digital or handwritten)

Date:

CARD COURSE CERTIFICATIONS (if applicable, prior to graduation):

	on
	on
	on
	on

AFTER GRADUATION - OUTCOMES

National Registry or State Paramedic certification on

Employed performing Paramedic duties as of

At

Employer Survey completed as of

(Surveyed within 6 to 12 months after graduation)

Graduate Survey completed as of

(Surveyed within 6 to 12 months after graduation)