

CoAEMSP

Terminal Competency Form

CoAEMSP Program Number:

Paramedic Program Name:

We hereby attest 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 Program Overall Score

List of Written High Stakes Examinations (including the final cumulative summative examination)

	Score	Score	Score
(1)	(8)	(15)	
(2)	(9)	(16)	
(3)	(10)	(17)	
(4)	(11)	(18)	
(5)	(12)	(19)	
(6)	(13)	(20)	
(7)	(14)	(21)	

Completed Student Minimum Competency (SMC) Matrix Requirements (required minimums, competencies, and patient contacts)

Documented Skill Competencies

Affective Learning Domain Evaluations

Clinical/Field Experience Tracking Records (attended all required areas, completed required competencies)

Capstone Field Internship Tracking Records (number of team leads, achieved competencies)

Graduation Requirements Report

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Summative Comprehensive Fir	nal Evaluation		
Cognitive			
Psychomotor			
Affective			
Academic Advising Documentation	on (each term)		
Student Counseling Form(s), a	s applicable		
Medical Director Signature: (Secure Digital or handwritten)	Date Approved:		
Program Director Signature:	Date Approved:		
(Secure Digital or handwritten)			
Please Note: If the Associate or Assistant Medical Director has approved the terminal competency, then the program must be able to provide evidence the program Medical Director has delegated this duty to the Associate or Assistant Medical Director for review during on-site evaluations or at any point evidence is requested by the CoAEMSP.			
CARD COURSE CERTIFICATIONS (if applicable, prior to graduation):			
	on		
AFTER GRADUATION - OUTCO)MES		
National Registry or State P	Paramedic certification on		
Employed performing Para	medic duties as of		
	At		
Employer Survey completed (Surveyed within 6 to 12 months)			

Graduate Survey completed as of

(Surveyed within 6 to 12 months after graduation)