



Terminal Competency Form

CoAEMSP Program #:

Program Sponsor Name:

Program Level:

We hereby attest that this student has successfully completed all terminal competencies required for graduation from the educational program and has demonstrated competency in the cognitive, psychomotor, and affective domains to entry the profession. Based on this attestation we affirm the student is eligible to begin the examination and certification process.

❖ **Standard III.B.2.a Medical Director responsibilities include a terminal competency form for each graduate signed and dated by the program Medical Director. If the CoAEMSP Terminal Competency Form is not used, the program's terminal competency form needs to include the attestation statement above.**

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
(1)	%	(12)	%
(2)	%	(13)	%
(3)	%	(14)	%
(4)	%	(15)	%
(5)	%	(16)	%
(6)	%	(17)	%
(7)	%	(18)	%
(8)	%	(19)	%
(9)	%	(20)	%
(10)	%	(21)	%
(11)	%	(22)	%

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

Summative Comprehensive Final Evaluation

- Cognitive
- Psychomotor
- Affective

Academic Advising Documentation (each term)

Student Counseling Form(s), as applicable

Medical Director Signature:
(secure digital or handwritten)

Date Approved:

Program Director Signature:
(secure digital or handwritten)

Date Approved:

Please Note: If the Associate or Assistant Medical Director has approved 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 the site visit or at any point evidence is requested by CoAEMSP.

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

on

on

on

on

AFTER GRADUATE – 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)