Jeff Landry
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

EDUCATION AND SKILLS COMPETENCY VERIFICATION FOR ADVANCED EMERGENCY MEDICAL TECHNICIANS COMPLETING AN OUT-OF-STATE PROGRAM

All information on this form is public record. Upload the completed form as a PDF document to your account in the Information Management System. This form must be submitted prior to licensing.

ATTESTATION

I hereby certify that _____ has met and completed all minimum competency requirements for licensure as an Advanced Emergency Medical Technician (AEMT) in the State of Louisiana.

_____ of _____
Name of Education Program *City, State*

By my signature below, I affirm that I have thoroughly reviewed the Advanced EMT Student Minimum Competencies (AEMT-SMC) document and have personally verified that the above-named candidate has demonstrated competence in all required skills and competencies contained therein.

AEMT-SMC Document: https://ldh.la.gov/assets/oph/ems/2023/230828AEMTSMC.pdf

I further acknowledge and accept full responsibility and accountability for the accuracy, completeness, and validity of this attestation. I affirm that this verification is conducted in accordance with all applicable National EMS Education Standards and that any misrepresentation or falsification may result in administrative or disciplinary action.

_____	_____	_____
Printed Name *Applicant*	*Signature* *Applicant*	*Date*
_____	_____	_____
Printed Name *AEMT Program Director*	*Signature* *AEMT Program Director*	*Date*
_____	_____	_____
Printed Name *AEMT Program Medical Director*	*Signature* *AEMT Program Medical Director*	*Date*