



EMERGENCY MEDICAL TECHNICIAN (EMT) STATUS REPORT FORM

Please write clearly.

EMT Name: _____

Certification #: _____

The following EMT status change has occurred at: _____
(Provider Agency)

The individual listed above: *(please check all that apply)*

- Is no longer affiliated/employed as an EMT with this agency.
- Has failed to maintain:
 - EMT Certification
 - Cardiopulmonary Resuscitation (CPR) Certification
 - Skills Proficiency for the following Optional Scope of Practice
 - King Airway

I certify that all information on this Status Report, to the best of my knowledge, is true and correct.

Signature

Date

Printed Name & Title

*This report and all required items may be mailed or emailed.
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: