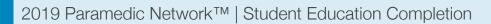
Verification of Completion





Name of Student:
Student Certification/License#:Contact (email & phone):
Course:
ON LINE SELF-DIRECTED MODULES: I verify that I have completed my course
requirements as of (date).
LIVE CLASSROOM: I verify that I have completed the live-classroom course
requirements as of(date)
- ADDITIONAL REQUIREMENTS: I verify that I have completed all additional assignments
required of this course, including but not limited to video, forum, postings, written
assignments, clinical competency skills and testing as of (date).
Signature of Student: Date:
NOTE to student: Please ask your practicum proctor to complete the bottom portion of this form.
Submit completed form to course professor for final verification of records and completion
certificate.
NOTE to practicum proctor: In order to assess the above-named student's eligibility for certificate
completion, we ask that you please check the applicable boxes below and fill in the appropriate
information. Please return this form to the student. Thank you.
I verify that the above-named student has completed all requirements for course
completion and certificate presentation as of (date).
Composion and continuate prosentation as of (date).
The above-named student has not yet completed the requirements for course
completion and certificate presentation.as of (date).
 The above-named student is expected to complete all requirements by
(date).
Signature of Proctor: Date:
Name & Title of Proctor:
Organization & Specialty:
(i.e., MCE or Community Partners, Emergency or Community Paramedicine Practice, CCT, Nursing, Human Services
etc.)