

# Verification of Completion



2019 Paramedic Network™ | Student Education 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.

\_\_\_\_\_

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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).
- ☐ 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.)