State of Rhode Island

Emergency Medical Services Program

Certification of Eligibility

At the second session of any Rhode Island State EMT Licensure Course, each student must sign one of the following statements:

Student's Name_____
(Please Print)

I have read and understand the functional job description of an EMT-B/EMT-C/EMT-P. I have no conditions which would preclude me from safely and effectively performing all the functions of the level of EMT-B/EMT-C/EMT-P for which I am seeking Rhode Island licensure.

_____ _____
Signature Date

I have read and understand the functional job description of an EMT-B/EMT-C/EMT-P. I will be submitting a request for an accommodation for the Rhode Island State written license examination. I understand that I must contact the Division of Emergency Medical Services no later than 6 weeks from the start of the EMT Training Program.

_____ _____
Signature Date

Course Location: _____
Name of Instructor: _____
Course Approval Number: _____