KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

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EFFECTIVE JANUARY 1, 2015

Paramedic Accreditation Exam Remedial Training Notice

Paramedic Name:	
Date of 1st Exam:	
Date of 2nd Exam:	
Employer:	

Employer: You are receiving this notice because the above named paramedic is required to complete remedial education on the below listed policies, procedures, and/or protocols. Completion of remedial education is required before the paramedic is eligible to sit for the third examination attempt.

Number of questions missed	Policy, Procedure, Protocol

The paramedic is required to return this form with the signature of the trainer as verification of completion of remedial training.

Printed name of Trainer:	
Signature of Trainer:	
Signature of Paramedic:	
Date of Training:	
EMS Staff Verification:	
Date Received by EMS:	

Revised: 01/01/2015