

AGENCY EMT/FR TRAINING VERIFICATION FORM

The MPD has mandated that each Whatcom County EMT/First Responder sponsoring agency be required to verify that each recertifying applicant has met the CME/OTEP requirements. Please read the statement below; fill in the appropriate information, sign, and forward to the EMS council office for MPD for approval. The MPD reserves the right to review the EMS training records for any recertifying applicant during this process.

**I CERTIFY THAT _____ HAS COMPLETED
ALL REQUIREMENTS FOR:**

(Circle one)

EMT

FIRST RESPONDER

SPONSORING AGENCY

Signature of Agency Representative

Print Name

Date