



**REPORTING PERIOD**

Year:

Reporting Period:     Period 1 (1/1-6/30)     Period 2 (7/1 – 12/31)

**EMT TRAINING PROGRAM INFORMATION AND PERSONNEL**

EMT Training Program:

Program Director:

Clinical Coordinator:

Principal Instructor:

Additional Instructor:

Additional Instructor:

Number of Lab Instructors:

**Indicate below any additional pertinent training program personnel information/changes/notes**

**COMMUNICATIONS/PROGRAM UPDATES/PROGRAM ISSUES**

**Indicate below any new class starts that occurred during the reporting period (include location, didactic beginning/ending dates and number of enrolled students)**

**Indicate below any LEMSA or NREMT communications or LEMSA meetings attended during the reporting period**



**COMMUNICATIONS/PROGRAM UPDATES/PROGRAM ISSUES (continued)**

**Indicate below any substantive changes related to the provision of student clinical experience (new/cancelled contracts, significant contract changes/issues)**

**Indicate below any current issues placing students in the clinical experience phase of their training, and what is being done to address the issue(s) if applicable**

**Indicate below a summary and outcome of any student complaints received/addressed during the reporting period**

**Indicate below any other pertinent program issues/concerns/notes/etc.**

**REPORT SUBMISSION INFORMATION**

Name and Title of Person Completing/Submitting Report:

Date of Report Submission to S-SV EMS: