



Montana Department of
LABOR & INDUSTRY

ECP CONTINUED COMPETENCY VERIFICATION FORM

Instructions: This form must be completed by the licensee's lead instructor or medical director depending on licensure level. ECPs are responsible for maintaining documentation of completed continued competency training and their medical director's authorization/attestation of continued competency. Submit this form if audited by the Board.

Licensee Name: _____ License Number: _____

Has successfully completed continued competency as required by ARM 24.156.2718.

The ECP demonstrates continued competency through the following documentation:

a current active or inactive NREMT certification card, or

a certificate of completion, issued and signed by the lead instructor and/or medical director, of the NREMT continued competency training requirements.

I am personally aware of their competency and documentation of it, and I verify its authenticity.

Lead Instructor: Responsible for the quality, consistency, and management of the continued competency training at the EMR and EMT levels and shall maintain records of all courses conducted including an agenda and detailed student performances that document the licensee's ability demonstrated during the training. **May only sign for an EMR or an EMT without endorsements.**

Medical Director: Responsible for the quality, consistency, and management of the continued competency training at the EMT with endorsement(s), AEMT, and paramedic levels. The medical director may assign duties as appropriate but retains overall responsibility for the training. **Required for any EMT with an endorsement and all AEMT and Paramedics.**

Signature: _____ Date: _____

Printed Name: _____ License Number: _____