



Michigan Department of Health and Human Services  
 Bureau of EMS, Trauma and Preparedness  
 Division of EMS and Trauma  
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 517-241-3025 (Phone)  
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**VERIFICATION OF EDUCATION**

Authority: Public Act 368 of 1978, as amended.

**PART I – To be completed by MFR and EMT applicants who need to complete additional education to be eligible for licensure.**

First Name	Middle Name	Last Name
Social Security Number (last four) <b>XXX-XXX-</b>	Date of Birth	Daytime Telephone Number
Street Address	City/State/Zip	Email Address
All Previous Names and/or Birth Names Used (if applicable)	Level of Licensure <input type="checkbox"/> MFR <input type="checkbox"/> EMT	

**PART II – To be completed by Military facility OR Michigan Program Sponsor.**

- Completed Military Education**                       **Completed Michigan Education**

By checking the boxes below you are verifying the applicant has completed the following education requirements exceeding National Registry standards.

<b>EDUCATION TOPICS REQUIRED FOR MFR</b>  <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Epi-Pen® <input type="checkbox"/> Narcan® Administration	<b>EDUCATION TOPICS REQUIRED FOR EMT</b>  <input type="checkbox"/> Supraglottic Airway (e.g., combitube, king) <input type="checkbox"/> CPAP <input type="checkbox"/> Albuterol® <input type="checkbox"/> Epi-Pen® <input type="checkbox"/> Narcan® Administration
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**MILITARY EDUCATION CERTIFICATION**

Military Facility Name and Branch	Phone Number	Date
Name and Title of Military Representative	Signature	

**MICHIGAN EDUCATION CERTIFICATION**

Michigan Program Name and Sponsor Number	Phone Number	Date
Course Coordinator Name	Course Coordinator Signature	
Instructor-Coordinator Name	Instructor-Coordinator Signature	

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