



Yolo County Emergency Medical Services Agency  
Service Provider

Revised Date: September 1, 2018

**EMERGENCY MEDICAL TECHNICIAN (EMT)  
STATUS REPORT FORM**

Please write clearly.

EMT Name:

Certification #:

The following EMT status change has occurred at: \_\_\_\_\_  
(Provider Agency)

The individual listed above: *(please check all that apply)*

- Is no longer affiliated/employed as an EMT with this agency.
- Has failed to maintain:
  - EMT Certification
  - Cardiopulmonary Resuscitation (CPR) Certification
  - Skills Proficiency for the following Optional Scope of Practice
    - King Airway

I certify that all information on this Status Report, to the best of my knowledge, is true and correct.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name & Title*

*This report and all required items may be mailed, emailed, or placed in the drop box at the address above.  
The drop box is located across from the stairs and is labeled YEMSA drop box and is the preferred method!  
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: