



# SPEMS Case Review Exemption Form



SPEMS Protocols allows an exemption from case review requirements for EMS personnel that are students enrolled in and/or performing rotations for a State approved EMS course during a specific quarter. This exemption is limited to **a maximum of 2 case reviews in a calendar year**. This form **MUST** be filled out and signed by the EMS Director and submitted annually to SPEMS along with the SPEMS Compliance Check List.

Note: SPEMS only allows such exemptions with the approval of the local EMS Director. A local service may opt to **NOT** allow such exemptions.

This exemption does **NOT** apply to skills proficiency verifications. All Skills Proficiencies must be verified as per the SPEMS Protocols

Name of EMS Student: \_\_\_\_\_

Current Certification Level (Circle One):    ECA    EMT    AEMT

Name of EMS Service: \_\_\_\_\_

Level of EMS Course Enrolled In (Circle One):    EMT    AEMT    EMT-P

Location of EMS Course: \_\_\_\_\_

State Course Approval Number: \_\_\_\_\_

Beginning Date of EMS Course: \_\_\_\_\_

Ending Date of Classroom: \_\_\_\_\_

Date Rotations Due by: \_\_\_\_\_

**\*SPEMS Protocols allow for only 2 exemptions per calendar year.\***

### **EMS Administrator Approval:**

My signature below verifies that \_\_\_\_\_ was enrolled attended an EMS certification course for the following quarters in calendar year \_\_\_\_\_ and is therefore exempted from Case Review for these quarters (Circle all that apply):

1<sup>st</sup> Quarter    2<sup>nd</sup> Quarter    3<sup>rd</sup> Quarter    4<sup>th</sup> Quarter

\_\_\_\_\_  
Name of EMS Service

\_\_\_\_\_  
Printed Name of EMS Director

\_\_\_\_\_  
Signature of EMS Director

\_\_\_\_\_  
Date