DEPARTMENT OF HEALTH AND HOSPITALS

Louisiana Bureau of Emergency Medical Services
EMSCC PERSONAL STATEMENT

NREMT Number

Birth Date

Social Security Number

Last Name

First Name

Mid. Init.

Mailing Address

City

State L A

Zip

☐ Yes, this a new address?

Email

Phone

Mobile Phone

PERSONAL STATEMENT

Write in your own words a personal statement describing what happened, when it happened, and what was the outcome of the situation.

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Your Original Signature

Date Signed

Louisiana Bureau of Emergency Medical Services
EMSCC PERSONAL STATEMENT - Continuation Form

Last Name _____ First Name _____ Mid. Init. ____

PERSONAL STATEMENT (Continued)

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Your Original Signature _____ Date Signed