

# PEDIATRIC READINESS RECOGNITION PROGRAM

## SAFE TRANSPORT ATTESTATION

AGENCY NAME

Date \_\_\_\_\_

Name/type of Safe Transport Device Reviewed and Competency Verified:		Instructor/Evaluator Name:	
EMS Provider Name	Certification #	EMS Provider Name	Certification #
1.		13.	
2.		14.	
3.		15.	
4.		16.	
5.		17.	
6.		18.	
7.		19.	
8.		20.	
9.		21.	
10.		22.	
11.		23.	
12.		24.	

Complete a new form for each date that device education and competency verification occurred.

Agency PECC Name: \_\_\_\_\_ Signature: \_\_\_\_\_

My signature verifies the EMS providers on this record attended the listed class and were verified as competent on the use of the specified device.

