

## **Instructions for Completion of the Paramedic Skills Verification Form**

### **1 Name of License Holder**

Provide the complete name of the paramedic who is demonstrating skills competency.

### **2 License Number**

Provide the paramedic license number of the paramedic who is demonstrating skills competency.

### **3 Signature**

Signature of the paramedic who is demonstrating competency.

By signing this section the paramedic is verifying that the information contained on this form is accurate and that he/she has demonstrated competency in the skills listed to a qualified instructor.

### **4 Date**

Date of signature verifying that the information contained on this form is accurate.

## **Verification of Competency**

### **1 Affiliation**

Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.

### **2 Date**

Enter the date that the individual demonstrates competency for the skill that is being evaluated.

### **3 Signature of Person Verifying Competency**

Signature of the individual verifying competency of the skill once the competency has been demonstrated by direct observation of an actual or simulated patient contact.

Individuals qualified to verify skills competency shall be a currently licensed Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. The emergency department physician is qualified to verify a skill completed in the field.

### **4 Print Name**

Print the name of the individual verifying competency of the skill.

### **5. Certification/License Number:**

Provide the profession and license number of the individual verifying competency.  
(e.g. RN/262614)

Verification of skills competency shall be valid for a maximum of two years from the date of verification to maintain paramedic accreditation.

All skills listed must be verified during the individual's two year licensure period and verification of skills competency shall be forwarded to the EMS Agency prior to the end of the licensure period in order to maintain accreditation. (See Policy 2 – Accreditation)

### Paramedic Skills Verification Form

|   |              |                                   |  |
|---|--------------|-----------------------------------|--|
| <b>Name</b>   |              | <b>License Number</b>             |  |
| <b>Signature</b>  |              | <b>Date</b>                       |  |
| I certify, under the penalty of perjury, that the information contained on this form is accurate. |              |                                   |  |
| <b>Skill</b>  |              | <b>Verification of Competency</b> |  |
| <b>Pleural Decompression</b>  | Affiliation: | Date:                             |  |
| Signature of Person Verifying Competency:   |              | Print Name:                       |  |
|   |              | Certification/License Number:     |  |
| <b>King Tube:</b>   | Affiliation: | Date:                             |  |
| Signature of Person Verifying Competency:   |              | Print Name:                       |  |
|   |              | Certification/License Number:     |  |
| <b>Intraosseous Infusion:</b>   | Affiliation: | Date:                             |  |
| Signature of Person Verifying Competency:   |              | Print Name:                       |  |
|   |              | Certification/License Number:     |  |
| <b>External Cardiac Pacing:</b>   | Affiliation: | Date:                             |  |
| Signature of Person Verifying Competency:   |              | Print Name:                       |  |
|   |              | Certification/License Number:     |  |
| <b>Amiodarone</b>   | Affiliation: | Date:                             |  |
| Signature of Person Verifying Competency:   |              | Print Name:                       |  |
|   |              | Certification/License Number:     |  |
| <b>ResQPod (where used)</b>   | Affiliation: | Date:                             |  |
| Signature of Person Verifying Competency:   |              | Print Name:                       |  |
|   |              | Certification/License Number:     |  |