

Instructions for Completion of the Paramedic Skills Verification Form

Authority: California Health and Safety Code, Division 2.5, 1797.214; California Code of Regulations, Title 22, Chapter 4, Sections 100145, 100166, 100168, 100172 and 100173. As part of the Contra Costa County Quality Improvement Program, ALS service Providers are responsible for assessing the current knowledge of their Paramedics in local policies and procedures and for assessing their Paramedic's skills competency.

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.

Verification of Competency

1. Affiliation

Provide the name of the CCCEMSA approved training program or CCCEMSA authorized EMS service provider that the authorized individual 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 authorized to verify skills competency shall be a currently licensed Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor authorized by an EMS approved training program (paramedic training program or continuing education training program) or by a qualified individual authorized by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers.

4. Print Name

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

5. Certification/License Number:

Provide the type of license 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. ([See Policy 2002 – Accreditation](#))

Paramedic Skills Verification Form

Name	License Number	
Signature	Date	
I certify, under the penalty of perjury, that the information contained on this form is accurate.		
Skill	Verification of Competency	
Advanced Airway Management <i>ETT with Bougie</i>	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	
	Certification/License Number:	
Needle Decompression <i>Field Procedure 16</i>	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	
	Certification/License Number:	
Intraosseous Infusion <i>Humeral placement</i>	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	
	Certification/License Number:	
Cardiac Monitor Interventions <i>External Pacing, Cardioversion, Defibrillation</i>	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	
	Certification/License Number:	
Medication Administration <i>Amiodarone, TXA, Push Dose Epi</i>	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	
	Certification/License Number:	
Pediatric Medication Administration <i>Field Procedure 24</i>	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	
	Certification/License Number:	

Revised: 12/2023

Paramedic Skills Verification Form

Training objectives for each verified skill:

Advanced Airway Management

1. Recognize the clinical indications for placement of an advanced airway.
2. Perform airway assessment to include recognition of difficult airway.
3. Demonstrate placement of advanced airway utilizing an ETT and bougie ([FP04](#)).
4. Demonstrate procedure for confirmation of successful placement of advanced airway utilizing continuous waveform capnography ([FP12](#)).

Needle Decompression

1. Recognize the clinical indications for needle decompression.
2. Demonstrate procedure for needle decompression in accordance with Field Procedure 16 ([FP16](#)).

Intraosseous Infusion

1. Recognize the clinical indications for intraosseous access.
2. Demonstrate procedure for proximal humerus intraosseous access ([FP15](#)).
3. Demonstrate procedure for distal and proximal tibial intraosseous access.

Cardiac Monitor Interventions

1. Recognize the clinical indications for External Pacing, Cardioversion, and Defibrillation.
2. Demonstrate appropriate monitor functions to achieve External Pacing ([FP13](#)).
3. Demonstrate procedure for confirmation of successful Pacing intervention.
4. Demonstrate appropriate monitor functions to achieve Cardioversion ([FP31](#)).
5. Demonstrate procedure for confirmation of successful Cardioversion intervention.
6. Demonstrate appropriate monitor functions to achieve Defibrillation.

Medication Administration

1. Recognize the clinical indications for use of TXA, Amiodarone, and Push Dose Epi.
2. Demonstrate procedure for administration of TXA ([FP30](#)).
3. Demonstrate procedure for administration of Amiodarone infusion.
4. Demonstrate procedure for administration of Push Dose Epi.
5. Perform assessment of the patient's 6 rights prior to medication administration.

Pediatric Medication Administration

1. Recognize clinical indications for Pediatric Medication Administration.
2. Demonstrate procedure in accordance with Field Procedure 24 ([FP24](#)).