

Saint Joseph County EMS Committee Guideline Requirement Verification for ALS Providers

EMPLOYEE NAME: _____

DEPARTMENT/SERVICE _____ START DATE: _____

CERTIFICATION LEVEL: _____ STATE PSID # _____

**PARAMEDIC or AEMT CANDIDATE
MUST COMPLETE REQUIREMENTS 1,2,3,4, & 5
BEFORE ALLOWED TO WORK**

1. Meet Medical Directors :

A. Jason Jaronik, M.D. _____ Date: _____
B. Steven Joyce, M.D. _____ Date: _____

2. Meet EMS Coordinators:

A. Kerry Hershberger, EMT-P. _____ Date: _____
B. John McMillen, EMT-P. _____ Date: _____

3. Current ACLS Certification (Paramedic only):

Course Location _____ Date: _____

4. Receive copy from employer:

A. SJCEMSC Guidelines: _____ Date: _____
B. Medical Disaster Plan: _____ Date: _____

5. Have received, in the process of receiving, or refusing immunization against Hepatitis B. Mark, which applies, and Proof is required.

A. Received Immunization: _____ (Attach documentation or filed with employer)

B. In the process of Immunization: _____ Last date received: _____

C. I refuse Immunization: _____ (Sign and Attach Declination form)

**THE PARAMEDIC or AEMT CANDIDATE MUST
COMPLETE THE FOLLOWING REQUIREMENTS**

WITHIN 30 DAYS OF START DATE

A. SIX (6) Successful Intravenous starts, in Hospital or SJCEMSC approved setting

Proctor Signature

- | | |
|----------|-------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |
| 6. _____ | Date: _____ |

Comments: _____

B. SIX (6) Successful Endotracheal Intubations (Paramedic only) in Hospital (ED or OR) or SJCEMSC approved setting

Proctor Signature

- | | |
|----------|-------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |
| 6. _____ | Date: _____ |

Comments: _____

C. Eight (8) hours Clinical Time in each Hospital Emergency Room

- | | | |
|----------|-------------|-----------------------|
| 1. SJRMC | Date: _____ | Staff Signature _____ |
| 2. MHSB | Date: _____ | Staff Signature _____ |

D. Dialysis orientation

SJRMC Renal Dept. Date: _____ Staff Signature _____

E. Megacode (Appropriate level) Pass: _____ Fail: _____ Date: _____

Signature 1: _____ Signature 2: _____

Comments: _____

(Use back side of paper if needed)

F. Megacode Retest Pass: _____ Fail: _____ Date: _____

Must be done with EMS Medical Director

Signature 1: _____ Signature 2: _____

Comments: _____

(Use back side of paper if needed)

**THE AEMT & PARAMEDIC CANDIDATE MUST
COMPLETE THE FOLLOWING REQUIREMENTS
WITHIN 90 DAYS OF START DATE OR
FIRST COURSE OFFERED IN SAINT JOSEPH COUNTY AREA**

A. Current PALS or PEPP + (resuscitation station) Certification: Paramedic

Course location: _____ Date: _____

B. Current PHTLS or ITLS Certification: Paramedic or AEMT

Course location: _____ Date: _____

**PARAMEDIC LEAD STATUS OPTION
COMPLETED AFTER PROCTORING REQUIREMENTS**

A. Guidelines Test Pass: _____ Fail: _____ Date: _____

EMS Coordinator Signature: _____

B. Disaster Test Pass: _____ Fail: _____ Date: _____

EMS Coordinator Signature: _____

C. Advanced Practical Exam Pass: _____ Fail: _____ Date: _____

EMS Coordinator Signature: _____

D. Retest Advanced Practical Exam Pass: _____ Fail: _____ Date: _____

EMS Coordinator Signature: _____

Signatures and dates must be completed for each requirement, and submitted to department EMS chief or service manager for approval before submitting a copy to EMS Coordinators. Electronic copies are acceptable and original is kept by candidate.

EMS Chief, Director, or Manager

Date: _____

Paramedic or AEMT Candidate

Date: _____