

EMERGENCY MEDICAL SERVICES SKILLS EXAM/COMPETENCY VERIFICATION FORM

Student Name:	Student Card # (if applicable):		
I certify under the penalty of perjury that the information on this form is accurate.	Student Signature:	Date	Unit

Check this box if one proctor verified all skills. The Skills Proctor's name, certification/license number, and date of the test may be filled out **once** if the information is the same. The Skills Proctor must sign after each skill verifying competence.

SKILL	VERIFICATION OF COMPETENCY	
PATIENT EXAMINATION, TRAUMA PATIENT <i>Skill #1: Patient Assessment, Trauma</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
PATIENT EXAMINATION, MEDICAL PATIENT <i>Skill #2: Patient Assessment, Medical</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
PATIENT EXAMINATION, ENVIRONMENTAL PATIENT <i>Skill #3: Patient Assessment, Environmental</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
AIRWAY EMERGENCIES <i>Skill #4: Upper Airway Adjuncts and Suction</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
BREATHING EMERGENCIES) <i>Skill #5: Bag-Valve-Mask Apneic Patient</i> <i>Skill #6: Oxygen Administration; Cannula and NRM with Supplemental O2</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
CPR AND AED <i>Skill #7: Cardiac Arrest Management/AED</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
CIRCULATION EMERGENCIES <i>Skill #8: Bleeding Control with Tourniquet and Hemostatic Dressing / Shock Management</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
NEUROLOGICAL EMERGENCIES <i>Skill #9 Spinal Immobilization Supine Patient</i> <i>Skill #10: Spinal Immobilization Seated Patient</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
SOFT TISSUE INJURY <i>Skill #11: Open Fracture with Avulsion or Amputation</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
MUSCULOSKELETAL INJURY <i>Skill #12: Long Bone Immobilization</i> <i>Skill #13: Joint Dislocation Injury</i> <i>Skill #14 Traction Splinting</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
OBSTETRICAL EMERGENCIES <i>Skill #15: Pre-hospital Childbirth (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
WOUND PACKING AND DRESSING <i>Skill #16: Tactical Casualty Care (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:

Student Name:		Student Card # (if applicable):	
I certify under the penalty of perjury that the information on this form is accurate.	Student Signature:	Date	Unit

SKILL	VERIFICATION OF COMPETENCY	
CHEST SEAL (OCCLUSIVE DRESSING) <i>Skill #17: Tactical Casualty Care (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
PATIENT LIFTS AND CARRIES <i>Skill #18: Tactical Casualty Care (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
EPINEPHRINE AUTO INJECTOR ADMINISTRATION <i>Skill #19: Tactical Casualty Care (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
NALOXONE ADMINISTRATION (MUCOSAL ATOMIZATION DEVICE) <i>Skill #20: Tactical Casualty Care (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
SKILLS VERIFICATION COMPLETE Proctored by:	Proctor Certificate or License Number:	Signature: