

Name: _____

Service: _____



AEMT	MEDIC	CCP	District Six DMA ALS Skills Verification
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Instructions: Review the skills and indicate if the person is proficient or not proficient of each skill listed for recertification and/or relicensure. Using the Evaluation Key note how the skill was evaluated. Date and sign after each skill. Once all skills have been verified then both the recertification and/or relicensure candidate and head of service or training officer should complete the bottom signature section. The ALS record is then forwarded to the District Medical Advisor (DMA) for her verification and may be uploaded in LIGHTS.

Accepted reviewers: Training Officer (TO) may review any member of their service that have an equivalent level of licensure or lower. The Head of Service (HOS) will review the TO, as long as they have the equivalent level of licensure of lower. The District Medical Advisor (DMA), District Training Coordinator (DTC), or their designee will review each HOS and any responders that have a licensure level above TO/HOS.

Method of Evaluation Key:				Skill Performance on Incidents	Method of Eval (Use the Instruction Key on Left)	Evaluation Summary			
O = Direct Field Observation / Documentation of Calls S = Squad Training or Simulation Lab D = Demonstrated (one on one) V = Vector Assigment Completed & Verified Performance						Competency Verified			
AEMT	MEDIC	CCP	Item of Proficiency	Standard of Proficiency and Vector/Web Resource	"Suggested" Minimum # of incidents	O / S D / V Not Prof	Date Completed	Reviewer Name & License	Reviewer Signature

Vermont Emergency Medical Responder (EMR) Skills

X	X	X	Resuscitation Academy: Adult (or equivalent training)	Refer to VT Protocol: Cardiac Arrest - Adult AND Vector Course "Vermont Adult Resuscitation Academy"	None; Must have Completed training in last two years			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X	X	Resuscitation Academy: Pediatric (or equivalent training)	Refer to VT Protocol: Cardiac Arrest - Pediatric AND Vector Course "Vermont Pediatric Resuscitation Academy"	None; Must have Completed training in last two years			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____

Vermont Emergency Medical Technician (EMT) Skills

X			Assessment: Respiratory Adult / Pedi	Refer to VT EMS Protocols 2.4A (Asthma / COPD / RAD Adult) & 24.P (Asthma / Bronchiolitis / RAD / Croup Pediatric) or review Vector Course "CAPCE - Repsiratory Emergencies - Basic"	Three Adult and One Pediatric			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____
X	X	X	Advanced Splint: Pelvic Binder & Traction Splint	Refer to VT EMS Protocol 4.12: Traumatic Emergencies AND Protocol 4.5: Musculoskeletal Injuries; or reiew Vector Activity "Pelvic Binder" and Vector Course "CAPCE - Femur Fractures"	One			Name: _____ EMT AEMT MEDIC CCP	Reviewer Signature: _____

Vermont Advanced Emergency Medical Technician (AEMT) Skills

X			Advanced Resp / Vent: Waveform Capnography	Refer to VT EMS Protocol 6.8: Waveform Capnography or reiew Vector Course "CAPCE - Capnography"	Two			Name: _____ AEMT MEDIC CCP	Reviewer Signature: _____
X	X		Advanced Resp / Vent: CPAP Application	Refer to VT EMS Protocol 5.4: Continuous Positive Airway Pressure (CPAP) or review Vector Activity "CPAP"	Two			Name: _____ AEMT MEDIC CCP	Reviewer Signature: _____
X	X		Intraosseous Access & Maintenance	Refer to VT EMS Protocol 6.2: Intraosseous Access. Review IO placement of femoral, humeral, and tibial sites or review Vector Course "CAPCE - Intraosseous Infusion Advanced" and "2023 VTEMS Procedures & Policies AEMT & Paramedic"	One			Name: _____ AEMT MEDIC CCP	Reviewer Signature: _____
X			Intravenous Access; EMS Phlebotomy	Refer to VT EMS Protocol 1.0: Routine Patient Care: Circulation Section. Watch Wisconsin EMS Skills: Intravenous Access https://youtu.be/9eHimrGgnm4 and EMS Phlebotomy Video: https://youtu.be/LC9LABPts7M .	Four Successful with Phlebotomy			Name: _____ AEMT MEDIC CCP	Reviewer Signature: _____
X			Adv Airway: Supraglottic Airway (iGel/KingLTD)	Advanced EMT: A Clinical Reasoning Approach text (chpt 16 & 20) & VT Protocol section 5.10 or review Vector Activity "Airway & Breathing BLS/ALS"	One			Name: _____ AEMT MEDIC CCP	Reviewer Signature: _____

Vermont Paramedic (MEDIC) Skills

X			ACLS Training Verification (or equivalent training)	<i>Refer to AHA ACLS Training Curriculum and Standards and Vermont EMS Protocols Appendix A.1</i>	None; Must have Completed training in last 2 years			Name: _____ MEDIC CCP	Reviewer Signature: _____
X			Arrhythmia Management (Defibrillator & Meds)	<i>Refer to VT EMS Protocols 3.1 Bradycardia and 3.5 Tachycardia for both Adult/Pediatric patients; or review Vector Courses "Tachy / Fibrillation" and "Escape Rhythms/Premature Complexes"</i>	Two			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		Adv Airway: Surgical Crich	<i>Refer to VT EMS Protocol 5.12: Surgical Cricothyrotomy AND Vector Course "Surgical Cricothyrotomy". Must demonstrate in front of DMA, DTC, or designated alternative</i>	None; Must demo in f/o DMA, DTA, or alternative			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		Adv Airway: Endotracheal Intubation (DL, VL, Nasal)	<i>Refer to VT EMS Protocols in Section 5. Review Vector Courses "Adv Airways: Intubation & Beyond", "Orotracheal Intubation", and "Blind Nasotracheal Intubation". Also watch FlightbridgeED: https://youtu.be/tv8XV6xMGhY</i>	Two			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		Eye Irrigation (Morgan Lens)	<i>Refer to VT EMS Protocol 4.3: Eye Injuries or review Vector Course "CAPCE - Injuries & Infections of the Eye"</i>	One			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		High-Flow Nasal Cannula (if credentialed)	<i>Refer to VT EMS Protocol 5.14: High Flow Nasal Cannula AND complete Vector Activity "HFNC - Pediatric Respiratory Preparedness"</i>	None; Must complete if credentialed			Name: _____ MEDIC CCP	Reviewer Signature: _____
X			Medication Admin: via IV Pump	<i>Review Sigman Spectrum IV Pump Training: https://youtu.be/aIXZkFL6xbw</i>	Four Meds via IV Pump			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		Thoracic Injuries: Needle Chest Decompress	<i>Refer to VT EMS Protocols 4.8: Thoracic & Abdominal Injuries AND 6.3: Needle Decompression Thoracostomy (NDT); or review Vector Course "CAPCE - Thoracic Emergencies Advanced"</i>	Two			Name: _____ MEDIC CCP	Reviewer Signature: _____
X			Medication Admin: Procedural Sedation	<i>Review EMS1.com article: Prehospital Sedation - Best Practices https://www.ems1.com/ems-products/capnography/articles/prehospital-sedation-best-practices-PiQcKkgExMDJ2bjT/</i>	None; Must review & Demonstrate			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		Restraint: Pharmacolog.	<i>Refer to VT EMS Protocol 6.4: Restraints for all the sections AND Vector Course "CAPCE - Understanding & Restraining Patients with Excited Delirium (Adv)"</i>	None; Must review & Demonstrate			Name: _____ MEDIC CCP	Reviewer Signature: _____
X	X		Adv Airway: Tracheostomy Replace/Mgt	<i>Refer to VT EMS Protocol 5.13: Tracheostomy Care; or complete Vector Course "CAPCE - Tracheostomies Advanced"</i>	One			Name: _____ MEDIC CCP	Reviewer Signature: _____

Vermont Critical Care Paramedic (CCP) Skills

		X	Blood Administration	<i>Review Wisconsin CCP: Blood Administration Training Video https://youtu.be/zoZ9bk-cpgo</i>	Two			Name: _____ CCP CCRN DMA DTC	Reviewer Signature: _____
		X	Arterial / CVP Measurement	<i>Review FlightbridgeED Mastering Hemodynamics: https://youtu.be/Ym0Pn_CcPQ4</i>	Two			Name: _____ CCP CCRN DMA DTC	Reviewer Signature: _____
		X	Hypotension / Hypertension Management	<i>Review Wisconsin CCP: Vasopressor / Inotropies https://youtu.be/273LD3qNY14</i>	Four			Name: _____ CCP CCRN DMA DTC	Reviewer Signature: _____
		X	Ventilator Management & Med Admin	<i>Review FlightbridgeED Vent Mgt Videos: https://youtube.com/playlist?list=PL-Y5O8MsSPG083IUgokjh2yvzuqgMA3xu</i>	Four			Name: _____ CCP CCRN DMA DTC	Reviewer Signature: _____

Provider Name	Provider Signature	Date
By signing below the Training Officer / Head of Service (or District Training Coordinator / District Medical Advisor) confirms that the responder named above has demonstrated proficiency in the hands on skills and training listed above. The Training Officer/Head of Service also attests that the provider demonstrates overall competency at their licensed level as determined by the NREMT Guidelines, State of Vermont protocols, and Vermont EMS District Six requirements.		
Training Officer / Head of Service / DTC / DMA Name	Signature	Date