MERCED COUNTY

Department of Public Health
Emergency Medical Services Agency

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Equal Opportunity Employer

EMT-1 SKILLS COMPETENCY FORM

(see reverse side for instructions)

1a. Name as shown on EMT-I Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.

Skill	Verification of Competency	
1. Patient Assessment – Trauma		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient Assessment – Medical		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Cardiac Arrest Mgmt/AED		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Neurological Emergencies		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Breathing Emergencies		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Airway Emergencies		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Circulation Emergencies		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue Injury		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal Injury		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical Emergencies		Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

A completed EMT-I Skills Competency Form is required to accompany an EMT-I recertification application to maintain certification without a lapse or to renew certification with a lapse in certification less than one year. The EMT-1 candidate must be deemed competent by an **Qualified Skills Evaluator** in the ten stations listed below. A minimum of 70% of points must be awarded and all "critical criteria" must have 100% accuracy for acceptable performance. Verification of skills competency shall be valid to apply for EMT-I recertification for a maximum of two years from the date of verification.

Station 1: Patient Assessment – Trauma
Station 2: Patient Assessment – Medical
Station 3: Cardiac Arrest Management/AED
Station 4: Neurological Emergencies
Spinal Immobilization Supine Patient or Seated Patient
Station 5: Breathing Emergencies
Bag-Valve-Mask Apneic Patient or Mouth-to-Mask with Supplemental Oxygen
Station 6: Upper Airway Adjuncts and Suction (Airway Emergencies)
Station 7: Bleeding Control/Shock Management (Circulation Emergencies)
Station 8: Soft Tissue Injury
Station 9: Musculoskeletal Injuries
Long Bone Injury or Joint Injury or Traction Splint
Station 10: Emergency Childbirth (Obstetrical Emergencies)

Form Instructions

1a. Name of Certificate Holder
Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.

1b. Certificate Number
Provide the EMT-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.

1c. Signature
Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section the EMT-I is verifying that the information contained on this form is accurate and that the EMT-I certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority
Provide the name of the EMT-I certifying authority for which the individual will be certifying through.

Skills Competency Verification

1. Date: Enter the date that the individual demonstrates competency in each skill.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact (i.e. skill station), the **Qualified Skills Evaluator** verifying competency shall sign the EMT-I Skills Competency Form for that skill.
3. Print Name: Print the name of the **Qualified Skills Evaluator** verifying competency in the skill.
4. Certification or License Number: Enter the certification or license number of the **Qualified Skills Evaluator** verifying competency.

Qualified Skills Evaluators: Qualified Skills Evaluators shall be currently licensed or certified as an EMT-1, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS Agency approved training program (EMT-1 training program or continuing education training program) or 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. **Qualified Skills Evaluators must be pre-approved by the Merced County EMS Agency.**