

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

POLICY: An EMT-I Skills Verification Form is required to accompany an EMT-I recertification application for those individuals who are either maintaining EMT-I certification without a lapse or to renew EMT-I Certification with a lapse in certification less than one year.

AUTHORITY: California Administrative Code, Title 22, Division 9, Chapter 2.

INSTRUCTIONS:

1. **Name of Certificate Holder:** Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.
2. **Certificate Number:** Provide the MET-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.
3. **Signature:** Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section of 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.
4. **Certifying Authority:** Provide the name of the EMT-I certifying authority (Nor-Cal EMS) for which the individual will be certifying through.

VERIFICATION OF COMPETENCY:

1. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e., skills station, the individual verifying competency shall sign the EMT-I Skills Competency Verification Form, see Appendix B, for that skill.
2. Affiliation – Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by 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.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date – Enter the date that the individual demonstrates competency in each skill.
6. Print Name – Print the name of the individual verifying competency in the skill.





Name as shown on EMT-I Certificate	Certificate Number	Signature
Certifying Authority	Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Patient examination, trauma patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient examination, medical patient	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Airway emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Breathing emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Automated external defibrillation	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Circulation emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Neurological emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal injury	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

