

**State of California**  
**Advanced EMT (AEMT) Skills Competency Verification Form**  
**EMSA-AEMT SCVF (01/07)**



1a. Name as shown on AEMT 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.
<b>Skill</b>	<b>Verification of Competency</b>	
<b>1. Injection (IM or SQ);</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Peripheral IV</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. IV Push Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Inhaled Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Blood Glucose Determination</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Perilaryngeal Airway Adjunct</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number

## INSTRUCTIONS FOR COMPLETION OF ADVANCED EMT (AEMT) SKILLS COMPETENCY VERIFICATION FORM

A completed AEMT Skills Verification Form is required to accompany an AEMT recertification application for those individuals who are either maintaining AEMT certification without a lapse or to renew an AEMT certification with a lapse in certification less than twenty-four (24) months.

### **1a. Name of Certificate Holder**

Provide the complete name, last name first, of the AEMT certificate holder who is demonstrating skills competency.

### **1b. Certificate Number**

Provide the AEMT certification number from the current or lapsed AEMT certificate of the AEMT certificate holder who is demonstrating competency.

### **1c. Signature**

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

### **1d. Certifying Authority**

Provide the name of the AEMT certifying authority to which the individual will be applying for AEMT recertification.

## **Verification of Competency**

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. 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 AEMT Skills Competency Verification Form (EMSA-AEMT SCVF (01/07)) for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (AEMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be 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.

Verification of skills competency shall be valid to apply for AEMT recertification for a maximum of two years from the date of verification.

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