



Instructions for completing this form are located on the back of this form.

- 1a. Name: 1c. Signature:
1b. Certificate Number: 1d. Employer:

Skills:

1. Patient Assessment (including vital signs)

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

2. CPR and AED

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

3. Oropharyngeal Airway

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

4. Nasopharyngeal Airway

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

5. Bag Valve Mask

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

6. Oxygen and Oxygen Delivery Devices

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

7. Suctioning Technique and Suctioning Equipment

- | | |
|-----------------|--|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying Competency: |
| 3. Print Name: | |

8. Splints Soft and Rigid

- | | |
|-----------------|----------------------------------|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying |
| 3. Print Name: | Competency: |

9. Spinal Motion Restriction (SMR)

- | | |
|-----------------|----------------------------------|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying |
| 3. Print Name: | Competency: |

10. Obstetrical Emergencies

- | | |
|-----------------|----------------------------------|
| 1. Date: | 4. Certification/License Number: |
| 2. Affiliation: | 5. Signature of Person Verifying |
| 3. Print Name: | Competency: |

Print to Sign

Instructions for completion of EMR Skills Competency Verification Form

A completed EMR Skills Verification Form is required to be submitted prior to issuance of a certification card for candidates who are recertifying.

1a. Name of Certificate Holder:

Provide the complete name, last name first, of the EMR who is demonstrating skills competency.

1b. Certificate Number:

Provide the EMR certification number.

1c. Signature:

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

1d. Employer:

Provide the name of the certificate holder's employer.

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 EMR Skills Competency Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMR, EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (EMR, EMT, AEMT, Paramedic or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not to 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 EMR certification/recertification for a maximum of two years from the date of verification.