



San Joaquin County

Emergency Medical Services Agency



PARAMEDIC ORIENTATION VERIFICATION

Sponsoring Employer: _____

Applicant Name: _____

Field Training Officer (FTO) Name: _____

This is to certify that the above named applicant has successfully completed all the items listed below:

1. An orientation of the San Joaquin County EMS system not to exceed eight hours, and
 2. A supervised pre-accreditation field evaluation of at least three but not more than ten advanced life support patient contacts, and
 3. Training and skill competency verification of procedures and medications included in the San Joaquin County paramedic expanded scope of practice (training and testing maybe waived if the applicant can provide proof of previous training and testing).
- Each of the following skills must be verified:

Skill:	Successfully Completed:		Retest Required		Initials
	Yes	No	Yes	No	
Pediatric Oral Intubation	Yes	No	Yes	No	
Intraosseous Infusion	Yes	No	Yes	No	
Nasogastric Intubation And Gastric Suction	Yes	No	Yes	No	
Nasotracheal Intubation	Yes	No	Yes	No	
External Cardiac Pacing	Yes	No	Yes	No	
Magnesium Sulfate	Yes	No	Yes	No	
Intravenous Heparin	Yes	No	Yes	No	
Intravenous Nitroglycerin	Yes	No	Yes	No	

FTO Print Name & Title _____ Signature _____ Date _____

This form must be completed and kept in the employees training file for the term of employment and shall be available for inspection by SJEMSA.