

**SAN JOAQUIN COUNTY EMS AGENCY
PARAMEDIC CANDIDATE OPTIONAL SCOPE VERIFICATION**

1a. Name:		1b. License Number:	
1c. Employer:		1d. Candidate Signature:	
Skill	Verification of Competency		
1. Pediatric Intubation (EMS Agency)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
2. Intraosseous infusion (Provider)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
3. Nasal Intubation (EMS Agency)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
4. Atrovent (EMS Agency)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
5. External cardiac pacing (Provider)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
6. Magnesium Sulfate (EMS Agency)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
7. Intravenous Heparin infusion (approved ambulance providers only) (EMS Agency)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
8. Intravenous Nitroglycerin infusion (approved ambulance providers only) (EMS Agency)	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	

Falsification of accreditation documents will result in immediate denial of the application and a referral to the EMS Authority for disciplinary action.

Instructions for Completion of Paramedic Candidate Skills Verification Form

A completed Paramedic Candidate Skills Verification Form is required to be submitted prior to issuance of an accreditation card.

- 1a. Name of Certificate Holder:** Provide the complete name, last name first, of the candidate who is demonstrating the skills.
- 1b. License Number:** Provide the candidate's paramedic license number.
- 1c. Employer:** Provide the name of the candidate's paramedic employer.
- 1d. Signature:** Signature of the candidate being evaluated. By signing this section, the candidate is verifying that the information contained on this form is accurate and that the paramedic candidate has demonstrated competency in the skills listed to a qualified evaluator.

Verification of Competency

- 1. The authorized evaluator organization is listed next to each optional skill/medication.
- 2. Affiliation: Provide the name of the EMS service provider that the qualified individual who is verifying competency is affiliated with.
- 3. 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 Paramedic Candidate Skills Verification Form for that skill.
- 4. Qualified individuals who verify skills competency shall be currently licensed as a Paramedic and be an approved San Joaquin County EMS Agency Preceptor.
- 5. License Number: Provide the license number of the individual verifying competency.
- 6. Date: Enter the date that the individual demonstrated competency in each skill.
- 7. Print Name: Print the name of the individual verifying competency in the skill.