San Joaquin County EMS Agency
Paramedic Accreditation & Skills Verification Task Form No. 2540C

1	First and Last Name	License Number
	Signature	**Employer**

This form is to be used by paramedic applicants for completing initial accreditation requirements specified in EMS Policy No. 2540[CT1], Paramedic Accreditation. Applicants must verify competency for each item listed (items 1-15).

Instructions:

1. Section # 1 is to be completed by the applicant.
2. Section # 2 is to be completed by a paramedic(s) approved by the applicant's employer or by a paramedic authorized by the San Joaquin County EMS Agency to verify skills.
3. Section #3 is to be completed by authorized ALS Provider Liaison.

2	#	Skill and/or Protocol/Policy Evaluated	Evaluating Paramedic or RN				Date	Successful [CT2]	
			Last Name	Signature	Affiliation	License #			
	1	Review AAIR-01 and demonstrated Adult Endotracheal Intubation.						Yes	No
	2	Review PAIR-01 and demonstrated Pediatric Supraglottic Airway.						Yes	No
	3	Adult Supraglottic Airway.						Yes	No
	4	Review ACAR-01, ACAR-07, ACAR-09, PCAR-06, PCAR-08 and demonstrated adult and pediatric Synchronized Cardioversion.						Yes	No
	5	Review ACAR-02 and demonstrated Transcutaneous Pacing.						Yes	No
	6	Review ACAR-04 and cardiac resuscitation with demonstrated transition to advance airway and Intraosseous Access.						Yes	No
	7	Review and demonstrate understanding of EMS Policy 5109 Patient Refusal or Treatment or Transport-AMA.						Yes	No

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2										
	8	Review and demonstrate understanding of EMS Policy 5210 Major Trauma Criteria and EMS Policy 5215 Trauma Patient Destination						Yes	No
	9	Review and demonstrate understanding of EMS Policy 5201 Medical Patient Destination.						Yes	No
	10	Review PCAR-02, PCAR-04, PCAR-05, PENV-01, PTRA-01, PODP-02, PODP-03, PODP-05, PGEN-05 and demonstrated Pediatric Diluted Epinephrine administration.						Yes	No
	11	Review and demonstrate understanding of ACAR-08 and PCAR-07.						Yes	No
	12	Review ATRA-02 and trauma resuscitation with demonstrated bilateral Needle Thoracostomy and TXA administration.						Yes	No
	13	Needle Cricothyrotomy.						Yes	No
	14	Review and demonstrate understanding of RPC-01.						Yes	No
	15	Successful completion of employer field evaluation program (minimum of 36hrs must be completed with a SJCEMSA authorized paramedic preceptor or accreditation officer).						Yes	No

3	Name of ALS Provider Liaison	Signature	Affiliation	License #	Date	Reviewed