

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

1	First and Last Name	License Number
	Signature	Employer

This form is to be used by paramedic applicants to complete the initial accreditation requirements specified in EMS Policy No. 2540, 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) or RN approved by the applicant's employer or by a paramedic or RN 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	
		Last Name	Signature	Affiliation	License #			
1	Review AAIR-01 and <u>demonstrated</u> Adult Endotracheal Intubation.						Yes	No
2	Review PAIR-01 and <u>demonstrated</u> Pediatric Supraglottic Airway.						Yes	No
3	Adult Supraglottic Airway.						Yes	No
4	Review ACAR-01, ACAR-07, ACAR-09, PCAR-06, PCAR-08 and <u>demonstrated</u> adult and pediatric Synchronized Cardioversion.						Yes	No
5	Review ACAR-02 and <u>demonstrated</u> Transcutaneous Pacing.						Yes	No
6	Review ACAR-04 and cardiac resuscitation with <u>demonstrated</u> transition to advance airway and Intraosseous Access.						Yes	No
7	Review and demonstrate understanding of EMS Policy 5109 <u>Patient Refusal or Treatment or Transport-AMA</u> .						Yes	No

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2	8	Review and demonstrate understanding of EMS Policy 5210 <u>Major Trauma Criteria</u> and EMS Policy 5215 <u>Trauma Patient Destination</u>					Yes	No	
	9	Review and demonstrate understanding of EMS Policy 5201 <u>Medical Patient Destination</u> .					Yes	No	
	10	Review PCAR-02, PCAR-04, PCAR-05, PENV-01, PTRA-01, PODP-02, PODP-03, PODP-05, PGEM-05 and <u>demonstrated</u> 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 <u>demonstrated</u> 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 <u>must</u> be completed with a SJCEMSA authorized paramedic preceptor or accreditation officer).					Yes	No	
	3	Name of ALS Provider Liaison		Signature		Affiliation	License #	Date	Reviewed