

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

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|----------|----------------------------|-----------------------|
| 1 | First and Last Name | License Number |
| | | |
| | Signature | Employer |
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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 # | | Yes | No |
| | 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 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, PTR-01, PODP-02, PODP-03, PODP-05, PGEN-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 | | | |
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