

San Joaquin County EMS Agency
Paramedic Skills Verification Form No. 2541A

Paramedics must verify competency for each skill listed (items 1-6). This form may be used for quarterly skills verification (items 1-3) and annual skills verification (items 4-6) as specified in EMS Policy No. 2541, Paramedic Infrequently Used Skills.

Instructions:

1. Section # 1 is to be completed by the paramedic completing quarterly or annual skills verification.
2. Section # 2 is to be completed 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.



1	First and Last Name		License Number							
2	Signature	Employer								
3	#	Skill Evaluated	Evaluating Paramedic or RN				Date	Successful		
	Last Name	Signature	Affiliation	License #				Yes	No	
	1	Adult Endotracheal Intubation							Yes	No
	2	Synchronized Cardioversion							Yes	No
	3	Transcutaneous Pacing							Yes	No
	4	Needle Thoracostomy							Yes	No
	5	Needle Cricothyrotomy							Yes	No
6	Pediatric Diluted Epinephrine							Yes	No	
3	Name of ALS Provider Liaison	Signature		Affiliation	License #	Date	Reviewed			