

## 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.



<b>1</b>	<b>First and Last Name</b>		<b>License Number</b>						
	<b>Signature</b>		<b>Employer</b>						
<b>2</b>	<b>#</b>	<b>Skill Evaluated</b>	<b>Evaluating Paramedic or RN</b>				<b>Date</b>	<b>Successful</b>	
			<b>Last Name</b>	<b>Signature</b>	<b>Affiliation</b>	<b>License #</b>			
	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
<b>3</b>	<b>Name of ALS Provider Liaison</b>		<b>Signature</b>		<b>Affiliation</b>	<b>License #</b>	<b>Date</b>	<b>Reviewed</b>	