

**San Joaquin County EMS Agency
Individuals Designated by Provider to Verify Skills Competency**

Date: _____

Title of Authorized Designator: _____

Provider Name: _____

Name of Authorized Designator: _____

Address: _____

Signature of Authorized Designator: _____

The following is a list of pre-hospital emergency care persons that have been designated by this pre-hospital emergency care Provider to verify the Competency of EMT-4 skills for San Joaquin County:

	Name	Level of Licensure or Certification	License or Certification #	Expiration Date	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**San Joaquin County EMS Agency
Individuals Designated by Provider to Verify Skills Competency**

	Name	Level of Licensure or Certification	License or Certification #	Expiration Date	Signature
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					