

PURPOSE: The purpose of this policy is to establish a process for managing the verification of Emergency Medical Technician (EMT) and Emergency Medical Responder (EMR) skills competency.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220 & 1798 et seq.

POLICY:

- I. The following types of organizations are authorized to verify skills competency:
 - A. Emergency Medical Services (EMS) Agency approved training programs including EMT training programs, paramedic training programs, and EMS continuing education providers; and
 - B. EMS providers including public safety agencies, private ambulance providers, and other authorized EMS providers.
- II. Authorized organizations may designate individuals currently certified or accredited as an EMT, paramedic, MICN, or flight nurse in San Joaquin County or a physician licensed in the State of California to verify EMR and EMT skills competency. Only employees of the authorized organization with certificates or licenses in good standing are eligible for designation.
- III. Authorized organizations shall annually complete and submit to the EMS Agency EMS Form No. 2011A Individuals Designated to Verify Skills Competency. EMS Form No. 2011A shall be submitted not later than the second Friday of December each year.
- IV. The EMS Agency shall reject EMR and EMT skills competency verification forms submitted by applicants with signatures from individuals not listed on a current EMS Form No. 2011A on file with the EMS Agency.
- V. Authorized organizations may designate up to thirty (30) qualified individuals to sign skills competency verification forms.
- VI. Skills Verification:
 - A. Individual EMT skills shall only be verified using the state approved form (EMSA SCV 07/03).
 - B. Individual EMR skills shall only be verified using EMS Agency approved form (EMS No. 2210A)
 - C. The EMS Agency shall only accept original skills verification forms using blue ink for all signatures verifying skills competency..

Effective: July 1, 2010
Supersedes: April 1, 2008

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Approved: Signature on File
Medical Director

Signature on File
EMS Administrator