



SAN JOAQUIN COUNTY EMS AGENCY PARAMEDIC COMPETENCY VERIFICATION FORM

This form is to be used by paramedic applicants completing initial accreditation requirements per EMS Agency Policy No. 2540. Verification of competency must be provided for all skills listed below. The form may also be used to verify completion of paramedics' quarterly skills (items 1 – 5) and annual skills (items 6-8) as required in EMS Policy No.2541.

Instructions:

1. The Paramedic being evaluated completes section 1a.-1d.
2. Once competency has been verified the evaluator shall provide the name of the EMS service provider with whom they are affiliated, print and sign their name, provide their license number, and the date each skill was successfully demonstrated.
3. Paramedics may have their competency evaluated and verified by a paramedic approved by the paramedic's employer or by a paramedic authorized by the EMS Agency.

1a. Name of Paramedic:		1b. License Number:	
1c. Signature of Paramedic:		1d. Employer:	
Skill		Verification of Competency	
1. Adult Oral Endotracheal Intubation		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
2. Pediatric iGel		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
3. Adult iGel or King Tube		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
4. Adult Nasotracheal Intubation & Nasogastric Suctioning		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
5. MICR: Two Rounds and Transition to Advanced Airway		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
6. Transcutaneous Cardiac Pacing		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
7. Intraosseous Access		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number
8. Needle Thoracostomy & Needle Cricothyrotomy		Affiliation	Date
Signature of Person Verifying Competency		Print Name	Certification / License Number