

**San Joaquin County EMS Agency
Paramedic Skills Verification Form No. 2540B**

This form is to be used by paramedic applicants for completing initial accreditation requirements specified in EMS Policy No. 2540, Paramedic Accreditation. Applicants must verify competency for each skill listed (items 1-9). This form may be used for quarterly skills verification (items 1–5) and annual skills verification (items 6-8) as specified in EMS Policy No. 2541, Paramedic Infrequently Used Skills.

Instructions:

1. Section # 1 is to be completed by the applicant or paramedic completing quarterly or annual skills verification.
2. Section # 2 is to be completed by a paramedic(s) approved by the applicant's employer or by a paramedic 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						
	Signature		Employer						
2	#	Skill Evaluated	Evaluating Paramedic				Date	Successful	
			Last Name	Signature	Affiliation	License #			
	1	Adult Endotracheal Intubation						Yes	No
	2	Pediatric Supraglottic Airway						Yes	No
	3	Adult Supraglottic Airway						Yes	No
	4	Synchronized Cardioversion						Yes	No
	5	Transcutaneous Pacing						Yes	No
	6	Intraosseous Access						Yes	No
	7	Needle Thoracostomy						Yes	No
	8	Needle Cricothyrotomy						Yes	No
9	Cardiac resuscitation transition to advance airway						Yes	No	
3	Name of ALS Provider Liaison		Signature		Affiliation	License #	Date	Reviewed	