



Stanislaus County

Emergency Medical Services Agency

Emergency Medical Responder Skills Competency Verification Form

1a. Name:
1b. Certification Number:
1c. Employer:
1d. EMR Signature:

Skill	Verification of Competency	
1. Patient Assessment (including vital signs)	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
2. MICR and AED	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
3. Oropharyngeal Airway	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
4. Nasopharyngeal Airway	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
5. Bag Valve Mask	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
6. Oxygen and Oxygen devices (i.e., mask cannula)	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
7. Suctioning Techniques and Suctioning Equipment	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
8. Splints Soft and Rigid	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
9. Manual/ Cervical Collar Stabilization	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
10. Obstetrical Emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number
11. Hemorrhage Control	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification/ License Number

Falsification of reaccreditation documents will result in immediate denial of the application and a referral to the EMS Authority for disciplinary action.



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Instructions for Completion of EMR Skills Verification Form

A completed EMR Skills Verification Form is required to be submitted prior to issuance of a certification card.

1a. Name of Certificate Holder: Provide the complete name, last name first, of the EMR who is demonstrating the skills.

1b. License Number: Provide the EMR's certification number.

1c. Employer: Provide the name of the EMR's employer

1d. Signature: Signature of the EMR being evaluated. By signing this section, the EMR is verifying that the information contained on this form is accurate and that the EMR has demonstrated competency in the skills listed to a qualified evaluator.

Verification of Competency

1. **Affiliation:** Provide the name of the EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, (i.e. skills station), the individual verifying competency shall sign the EMR Skills Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently certified as an EMT-I or licensed as a Paramedic. Each provider shall keep a current list of designated individuals on file with the Stanislaus County EMS Agency.
4. **License Number:** Provide the license number of the individual verifying competency.
5. **Date:** Enter the date that the individual demonstrated competency in each skill.
6. **Print Name:** Print the name of the individual verifying competency in the skill.