



See back of form for instructions for completion

1a. Name as shown on EMT-I Certificate		1b. Certificate Number
1c. Certifying Authority		
Skill	Verification of Competency	
1. Patient examination, trauma patient;	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
2. Patient examination, medical patient	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
3. Airway emergencies	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
4. Breathing emergencies	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
5. AED and CPR	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
6. Circulation emergencies	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
7. Neurological emergencies	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
8. Soft tissue injury	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
9. Musculoskeletal injury	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
10. Obstetrical emergencies	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number

INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

A completed EMT Skills Verification Form (EMSA-SCV 08/10) is required to accompany an EMT recertification application for those individuals who are either maintaining EMT certification without a lapse or to renew EMT certification with a lapse in certification less than one (1) year.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the EMT certificate holder who is demonstrating skills competency.

1b. Certificate Number

Provide the EMT certification number from the current or lapsed EMT certificate of the EMT certificate holder who is demonstrating competency.

1c. Certifying Authority

Provide the name of the EMT certifying entity that the individual will be certifying through.

Verification of Competency

- Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
- 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 EMT Skills Competency Verification Form (EMSA-SCV 08/10) for that skill.
- Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (EMT training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
- Certification or License Number – Provide the certification or license number for the individual verifying competency.
- Date - Enter the date that the individual demonstrates competency in each skill.
- Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be accepted as valid to apply for EMT recertification for a maximum of two (2) years from the date of skill verification.

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