



County of San Diego

PUBLIC HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

6255 Mission Gorge Road

San Diego, CA 92120

EMT-B Optional Skills Competency Verification Form

1a. Name as shown on EMT-B Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Medication administration Subcutaneous (SQ) route	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number
2. Medication administration Intranasal (IN) route	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number
3. Medication administration Sublingual (SL) route	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number
4. Medication administration Intramuscular (IM) route	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number
5. Nebulized Bronchodilators	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number
6. Glucometer	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number
7. ETAD/Perilaryngeal Airway	Affiliation	Date
	Signature of Person Verifying Competency	Print Name Certification / License Number