

# Skills Review

## Skills review required for renewing both certification and license

All applicants must provide proof of skills verification at their perspective certification level within 12 months of their certification expiration date. Skill evaluators must be a state qualified instructor.

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Printed name of EMS Applicant / EMS #

**Basic Skills – To be completed by all applicants**

Skill	Date	Pass	Fail	Print Evaluator's Name	Evaluator's Signature (Sign in BLUE ink)
Mouth to Mask					
Airway Maintenance					
Oxygen Administration					
(Semi) Automatic External Defibrillator					
Patient Assessment					
Bleeding Control / Shock Management					
Immobilization (Bone, Joint, Traction)					
Spinal Immobilization					

**Intermediate Skills – To be completed by all AEMTs and Paramedics**

Skill	Date	Pass	Fail	Print Evaluator's Name	Evaluator's Signature (Sign in BLUE ink)
Endotracheal (Primary)					
Supra-glottic (Secondary)					
I.V.					
Intra Ossous Infusion					
Medication Administration					

**Advanced Skills - To be completed by all Paramedics**

Skill	Date	Pass	Fail	Print Evaluator's Name	Evaluator's Signature (Sign in BLUE ink)
1.Ventilatory Management					
2.Cardiac Arrest Management					
3.Cardiac Dysarrythmia Management					
4.Intravenous Infusion					
5.Intraosseous Infusion					
6.Medication Administration					
7.Chest Decompression					
8.NG Tube					

- The above-named person has been found competent in the administration of these skills to my satisfaction and is recommended to be certified at the level of care currently held by the applicant.
- Has **not** been found competent in the administration of these skills to my satisfaction and is **not** recommended to be certified.

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Printed name of EMS Instructor / EMS #

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Signature of EMS Instructor