

Provider name: _____

Provider NV certification #: _____

State of Nevada
 Department of Health and Human
 Services Division of Public and Behavioral
 Health **Emergency Medical Systems**
Skills Verification Form

EMT/AEMT/PARAMEDIC applicants must provide proof of skills retention at their respective certification levels. NAC 450B.380.

Skill evaluators must be a Nevada qualified EMS Instructor or Medical Director.

Section 1: EMT skills. To be completed by all EMTs, AEMTs and Paramedics.

Skill	Date	Pt.	Pass	Fail	Instructor name and EMS number	Instructor Signature
Airway Management		Adult				
		Pediatric				
Oxygen Administration		Adult				
		Pediatric				
(Semi) Automatic External Defibrillator		Adult				
		Pediatric				
Patient Assessment		Medical				
		Trauma				
Bleeding Control/Shock Management		Adult				
Spinal Immobilization – Longboard and/or KED		Adult				
Immobilization (Bone, Joint, Traction-HARE and or/ Sager		Adult				

Section 2: AEMT skills. To be completed by all AEMTs and Paramedics.

Skill	Date	Pt.	Pass	Fail	Evaluator name and EMS number	Evaluator Signature
Supraglottic Airway Adjunct Insertion		Adult				
		Pediatric				
SQ/IM Medication Administration		Adult				
I.V Insertion & Fluid Administration		Adult				
		Pediatric				
I.V Medication Administration		Adult				
I.O Insertion & Fluid Infusion		Adult				
		Pediatric				

Section 3: Paramedic skills. To be completed by all Paramedics.

Skill	Date	Pt.	Pass	Fail	Evaluator name and EMS Number	Evaluator Signature
Endotracheal Intubation		Adult				
		Pediatric				
Cardiac Arrest Management		Adult				
Cardiac Dysrhythmia Management		Adult				
Pleural Chest Decompression		Adult				
NG Tube		Adult				
Percutaneous Cricothyrotomy		Adult				
CPAP		Adult				