SKILL (Check one)

- ❑ **ETAD** (Combitube)
- ❑ **EPI-PEN**
- ❑ **MARK-I KIT**

Reference No. 477, Addendum C

SIERRA-SACRAMENTO VALLEY EMS AGENCY

EMT-I OPTIONAL SKILL

_____

SERVICE PROVIDER

SKILL CHECK DOCUMENTATION RECORD

NAME **Last, First, M.I.**	**EMT-I** **CERT EXP.**	**DATE OF SKILL CHECK** **INSTRUCTOR'S INITIALS**			**DATE** **Initials**				

_____ _____ _____ _____

Instructor's Name **Initials** **Instructor's Name** **Initials**

The information on this form must be maintained by EMT-I Optional Scope of Practice Service Providers.

Effective: 07-01-05