



Instructions for completing located on the back of this form

1a. Name	1b. Certificate Number	1c. Signature
1d. Employer		I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Patient Assessment (including vital signs)	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
2. CPR & AED	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
3. Oropharyngeal Airway	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
4. Nasopharyngeal Airway	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
5. Bag Valve Mask	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
6. Oxygen & Oxygen Delivery Devices (i.e., mask, cannula)	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
7. Suctioning Technique and Suctioning Equipment	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
8. Splints Soft and Rigid	Affiliation	Date
	Signature of Person Verifying Competency	Certification / License Number
9. Spinal Immobilization	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 EMR SKILLS COMPETENCY VERIFICATION FORM

A completed EMR Skills Verification Form is required to be submitted prior to issuance of a certification card for candidates who are recertifying or who were previously certified as a First Responder.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the EMR or previously certified First Responder who is demonstrating skills competency.

1b. Certificate Number

Provide the EMR or previously issued First Responder certification number.

1c. Signature

Signature of the EMR or previously certified First Responder certificate holder who is demonstrating competency. By signing this section the certificate holder is verifying that the information contained on this form is accurate and that the certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Employer

Provide the name of the certificate holder's employer

Verification of Competency

1. Affiliation - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. 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 EMR Skills Competency Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMR, 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, AEMT 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.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date- Enter the date that the individual demonstrates competency in each skill.
6. Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for EMR certification/recertification for a maximum of two years from the date of verification.