	AEMT Infrequently Used Skills Verification Tracking Sheet	910-A

AEMT Name:	Calendar Year:
AEMT Certification #:	Service Provider:

Instructions: LALS prehospital service providers shall verify that each S-SV EMS certified AEMT affiliated with their organization has successfully performed all applicable skills listed on this sheet, a minimum of once every 12 months (note: verification is not required for skills not currently being utilized by the prehospital service provider). Under special circumstances, an extension to this requirement may be approved by S-SV EMS upon request.

All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (as indicated below). A copy of this completed tracking sheet shall be maintained in the employee's file for a period of not less than four (4) years and be made available for review by S-SV EMS representatives upon request. The individual infrequently used skills verification checklists are not required to be maintained.
Skills competency verification shall be conducted by one of the following:

- Service provider's CQI coordinator or their designee.
- Service provider's medical director.
- Base/modified base hospital prehospital coordinator or their designee.

Skills Verification Checklist Description	Verification Date	Evaluator Initials
1. Adult i-gel Airway Device (910-D)		
2. Pediatric i-gel Airway Device (910-E)		
3. Adult Cardioversion/Defibrillation (910-H) – **AEMT II ONLY**		
4. Pediatric Cardioversion/Defibrillation (910-I) – **AEMT II ONLY**		
5. Intraosseous Infusion (910-K)		
6. Regional Training Module		