



See attached for instructions for completion

**This section is to be filled out by the EMT whose skills are being verified:**

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
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**This section is to be filled out by an approved Verifier** (see instructions for information on approved Verifiers).  
 By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
<b>1. Trauma Assessment</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>2. Medical Assessment</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>3. Bag-Valve-Mask Ventilation</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>4. Oxygen Administration</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>5. Cardiac Arrest Management w/ AED</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>6. Hemorrhage Control &amp; Shock Management</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>7. Spinal Motion Restriction- Supine &amp; Seated</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>8. Penetrating Chest Injury</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>9. Epinephrine &amp; Naloxone Administration</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>10. Childbirth &amp; Neonatal Resuscitation</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:



## EMT SKILLS COMPETENCY VERIFICATION INSTRUCTIONS FOR EMT RECERTIFICATION APPLICANTS

### Certificate Holder Demonstrating Competency

- Print the EMT's first and last name
- Provide the EMT Certification Number from the EMT Certificate
- Signature of the EMT Certificate Holder. Your signature verifies that the information contained on the EMT Skills Competency Verification Form is accurate, and you have demonstrated competency in all the listed Skills areas to an EMS Qualified Provider.

### Verification of EMT Competency by the EMS Qualified Provider

- **Affiliation** – Provide the name of the Training Program or EMS Qualified Provider who verified the EMT Certificate Holders competency.
- **Print Name** – Print the first and last name of the EMS Qualified Provider who verified competency in each Skill area.
- **Date** – Enter the date the EMT Certificate Holder demonstrated competency.
- **Certification/License Number** – Provide the EMS Qualified Provider's Certification or License Number.
- **Signature of Person Verifying Competency** – Once each competency has been demonstrated by direct observation of an actual or simulated patient contact, the EMS Qualified Provider shall sign the EMT Skills Competency Verification Form for that skill.

### EMS Qualified Providers

Qualified individuals who verify skills competency shall be currently licensed or certified as a: Paramedic, EMT, Registered Nurse, Physician Assistant, or Physician

**AND**

Shall be either a qualified instructor designated by an EMS approved training program (EMT, EMT-P or CE training program) or by a qualified individual designated by an EMS service provider (i.e. ambulance provider).

Verification of Skills Competency shall be valid to apply for EMT Recertification for a maximum of 2 years from the date of verification.

For additional information contact the EMS Agency Certification Specialist by email at [emsacertifications@sfdph.org](mailto:emsacertifications@sfdph.org) or by telephone at 415-487-5000.