STUDENT/APPLICANT NAME (Print)	EMS / EMS RN NUMBER			
STUDENT/APPLICANT SIGNATURE	DATE			
Please Check the Appropriate Boxes and Follow Directions Listed on Back of Form: Certification Level:				
EMT SKILLS	DATE	INSTRUCTOR		
Airway Management (Adjuncts, Suction, Positioning)				
Oxygen Administration (BVM, Nasal Cannula, Non-Rebreather)				
Patient Assessment & Management – Trauma				
Patient Assessment & Management – Medical				
Immobilization (Traction Splint, Rigid Splint, Sling/Swathe)				
Cervical Stabilization (Seated, Supine)				
Helmet Removal				
Hemorrhage Control/Tourniquet				
Intranasal Narcan				
AEMT SKILLS	DATE	INSTRUCTOR		
Extraglottic Airway Proficiency				
Vascular Access (IV, IO, EJ, Central Line Access)				
Medication Administration (IM, IV, SQ, PO, IO, MAD, SVN)				
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PARAMEDIC SKILLS	DATE	INSTRUCTOR		
Intraosseous Infusion				
Tracheal Intubation (Oral, Nasal, Use of Flex Guide)				
Needle Decompression of Chest				
Needle Cricothyroidotomy				
CPAP				

EMT

• All EMT skills as listed on page 1.

<u>AEMT</u>

• All EMT and AEMT skills as listed on page 1.

Paramedic

• All EMT, AEMT and Paramedic skills as listed on page 1.

EMS RN

• All EMT, AEMT and Paramedic skills as listed on page 1.

The SNHD approved EMS instructor signing for a skill is verifying the performance of the skills observed and that the performance met or exceeded the minimum proficiency requirements.

Instructor Name (Printed)	Instructor Signature	Initials as Signed	Instructor EMS Number