

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     AEMT     PARAMEDIC

**Endorsement Level:**         EMS RN

## SKILLS PROFICIENCY RECORD

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)		

PARAMEDIC SKILLS	DATE	INSTRUCTOR
Intraosseous Infusion		
Tracheal Intubation (Oral, Nasal, Use of Flex Guide)		
Needle Decompression of Chest		
Needle Cricothyroidotomy		
CPAP		

