

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:
 Cert/Recertification Licensure EMS Instructor EMS RN

Certification/Licensure Level: EMT-B EMT-I EMT-P
SKILLS PROFICIENCY RECORD

BASIC SKILLS	DATE	INSTRUCTOR/PRECEPTOR
Airway Adjuncts		
Oxygen Administration		
Suction		
Bag-Valve-Mask Ventilation Techniques		
Patient Assessment & Management – Trauma		
Patient Assessment & Management – Medical		
Immobilization – Traction Splints		
Spinal Immobilization – Seated Patient – KED		
Spinal Immobilization – Supine Patient		
Helmet Removal		

INTERMEDIATE SKILLS	1 st DATE	INSTRUCTOR/ PRECEPTOR	2 nd DATE	INSTRUCTOR/ PRECEPTOR
Combitube™ Proficiency (including SA)				
IV Techniques				
I.M. and Subcutaneous Injection Technique				
Medication Administration				
Mucosal Atomizer Device (M.A.D.)				

PARAMEDIC SKILLS	1 st DATE	INSTRUCTOR/ PRECEPTOR	2 nd DATE	INSTRUCTOR/ PRECEPTOR
EZ–IO (Intraosseous Infusion)				
Set-Up for Infusion – Using Stopcock				
Endotracheal Intubation				
Oral				
Nasal				
Use of Flex-Guide™ Intubating Stylet				
Recognition of Tension Pneumothorax				
Needle Decompression of Chest				
Needle Cricothyroidotomy				

