

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
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	DATE	INSTRUCTOR
Supraglottic Airway Proficiency		
IV Techniques		
I.M. and Subcutaneous Injection Technique		
Medication Administration		
Mucosal Atomizer Device (M.A.D.)		

PARAMEDIC SKILLS	DATE	INSTRUCTOR
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		

