

VERIFICATION OF TRAINING

I hereby verify that _____ has successfully met the following training requirements in accordance with the “**District Procedure for EMS-RN Training**”:

- _____ Didactic course content to meet both AAMS and local requirements
- _____ Clinical course content to meet both AAMS and local requirements
- _____ All procedures as listed on the “*Physician Advisor Verification Form*”
- _____ All procedures as listed on the “*Skills Proficiency Record*”
- _____ Five endotracheal intubations on a human patient
- _____ Five central venous line placements, either live or simulated
- _____ Two catheter thoracostomies, either live or simulated
- _____ One surgical cricothyroidotomy, either live or simulated

I also verify that documentation of all of the above will be kept on file at the agency for purposes of audit by the Southern Nevada Health District Office of EMS & Trauma System.

Agency Representative* : _____
(Type or print)

(Signature)

(Today’s date)

* Includes any person responsible for providing education, i.e. Education Coordinator, Clinical Manager, Nursing Supervisor, etc.