**EMS RN** 

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:				

**EMS Instructor** 

**PARAMEDIC** 

# **SKILLS PROFICIENCY RECORD**

Critical Care

**EMT** 

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		

**Licensure** 

**Licensure Level:** 

Licensure applicants will be required to demonstrate skills proficiency (within the last six months) up to and including the applicant's level of certification prior to the issuance of an EMS license by the Southern Nevada Health District.

Paramedics applying for Critical Care Endorsement must successfully demonstrate skills proficiency at all levels (within the last six months).

EMS Instructor applicants must successfully demonstrate skills proficiency up to and including the applicant's level of certification (within the last six months). Physicians, registered nurses and physician assistants must successfully demonstrate skills proficiency at all levels (within the last six months).

EMS RN applicants must successfully demonstrate skills proficiency at all levels.

EMT certification applicants who previously held a State of Nevada EMS certificate that expired within the last two years must successfully demonstrate skills proficiency (within the last six months) as described below prior to the issuance of an EMS certificate by the Southern Nevada Health District.

## EMT

• All EMT skills as listed on page 1.

## AEMT

• 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