

	01-0202	Emergency Medical Responder (EMR) Skills Verification Form
	Nor-Cal EMS Policy & Procedure Manual	BLS Certifications
Effective Date: 10/01/2020	Next Revision: 10/01/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Name: (Individual demonstrating skills)	Certificate Number:	Signature:
Employer/Agency:	Date:	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency by Qualified Individual (For definition of qualified individual, see California Health & Safety Code: Title 22, Division 9, Chapter 2, Article 5, §100080 EMT Recertification (a)5)	
1. Patient Assessment, (including vital signs)	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. CPR and AED	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Oropharyngeal Airway/ Nasopharyngeal Airway	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Bleeding/Hemorrhage Control	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Bag Valve Mask	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Oxygen and oxygen devices (i.e. mask, nasal cannula)	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Suction techniques and suctioning equipment	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Splints, soft and rigid (including traction)	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Spinal Immobilization	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical Emergencies	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number