NOR-CAL EMS	2404	Paramedic Skills Competency Verification

Nor-Cal EMS Policy & Procedure Manual	Certifications
Effective Date: 11/01/2025	Next Revision: 11/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

1a. Name as shown on Paramedic License/MICN authorization #	1b. Certificate Number
1c. Signature of person demonstrating competency	1d. Certifying Authority

Skill	Verification of Competency	
1. BLS Airway Adjuncts	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
2. Laryngoscopy and Magill Forceps – Peds/Adults	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
3. Positive Pressure Ventilation	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
4. Adult Orotracheal Intubation	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
5. 12- Lead EKG	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
6. Rescue Airway Insertion / SGAs	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
7. Post ETI Confirmation and Monitoring to include Waveform ETC02	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
8. Needle Thoracostomy	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
9. Transcutaneous Cardiac Pacing	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
10. Synchronized Cardioversion	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
11. Cricothyroidotomy	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
12. Tourniquets / Packing with Hemostatic Agents, Chest Seals	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:

Skill	Verification of Competency	
13. Autoinjector	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
14. Calculating and Preparing Drug Dosages-Peds/Adults	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
15. Intraosseous Cannulation-Peds/Adults	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:

A completed ALS Skills Verification Form is required to accompany a paramedic reaccreditation application for those individuals who are either maintaining paramedic certification without a lapse, to renew paramedic certification with a lapse in certification less than one year.

1a. Name of Certificate Holder - Provide the complete name, last name first, of the paramedic accreditation holder who is demonstrating skills competency.

1b. Certificate Number - Provide the paramedic accreditation number from the current or lapsed paramedic accreditation / authorization of the paramedic who is demonstrating competency.

1c. Signature - Signature of the paramedic accreditation authorization holder who is demonstrating competency. By signing this section the paramedic is verifying that the information contained on this form is accurate and that the paramedic accreditation holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority - Provide the name of the paramedic certifying authority for which the individual will be accrediting through.

Verification of Competency

1. **Affiliation** – Provide the name of the EMS service provider or base hospital that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the ALS Skills Competency Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: A paramedic, registered nurse, physician assistant, family nurse practitioner or physician and shall be either a qualified instructor designated by an EMS approved training program (paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. **Certification or License Number** – Provide the certification or license number for the individual verifying competency.
5. **Date** – Enter the date that the individual demonstrated competency in each skill.
6. **Print name** – Print the name of the individual verifying competency in the skill.

*Verification of skills competency shall be valid to apply for paramedic reaccreditation for **a maximum of two (2) years** from the date of verification*