NOR-CAL EMS	2456	Critical Care Paramedic/MICN Skills Competency Verification

Nor-Cal EMS Policy & Procedure Manual	Certifications
Effective Date: 01/01/2026	Next Revision: 01/2029
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. Adult Oral Intubation	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
2. Needle Thoracostomy	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
3. Cricothyroidotomy	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
4. SGA Placement, CPAP, High Flow NC	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
5. Post ETI Confirmation and monitoring to include waveform ETC02	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
6. Intraosseous Canulation for Peds/Adults	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
7. Tourniquet/Wound Packing	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
8. Laryngoscopy and Magill Forceps for Removal of Airway Obstruction-Peds/Adults	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
9. Synchronized Cardioversion, Defibrillation and Transcutaneous Pacing	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
10. Ventilator Application	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:
11. CCP Drip Calculations	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:

12. Review of CCP Clinical Policies and Medications	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization #:

A completed ALS Skills Verification Form is required to accompany a critical care 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, or to reauthorize as an MICN.

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

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

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

1d. Certifying Authority - Provide the name of the Critical Care Paramedic / MICN 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 CCP 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 (critical care 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.
7) Verification of skills competency shall be valid to apply for critical care paramedic reaccreditation authorization for a maximum of four (4) years from the date of verification.