



# EMT - CC

## Mandatory Annual Skills Evaluation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Certification #: \_\_\_\_\_ CPR Expiration: \_\_\_\_\_

Certification Expiration: \_\_\_\_\_ TLS Expiration: \_\_\_\_\_

Primary EMS Agency: \_\_\_\_\_ PLS Expiration: \_\_\_\_\_

Email Address: \_\_\_\_\_ ACLS Expiration: \_\_\_\_\_

**Circle Method Used to Demonstrate Skill (See options below)**

Defibrillation (Manual)	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
BLS IN Naloxone	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Nebulized Medication	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Blood Glucose Monitoring	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
CPAP*	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
IV – Adult & Pediatric	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
EJ Cannulation	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
IO – Adult & Pediatric	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Alternative Airway Devices	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Oral ET Intubation - Adult	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
IV Bolus	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
IM Injection Administration	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
IV Medication Infusion	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
12-Lead Monitoring	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Synchronized Cardioversion	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Transcutaneous Pacing	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>
Needle Thoracostomy	Date: _____	Evaluator: _____	<b>1</b>	<b>2</b>	<b>3</b>

**\* Demonstrated only if agency is credentialed to use the skill**

Annual Skills Verification (Evaluator): \_\_\_\_\_

Print Signature

Provider's Signature: \_\_\_\_\_

Medical Director's Name: \_\_\_\_\_

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skill
2. Verified the skill from QA/QI
3. Attending an approved Medical Director training

**\*\*A copy of this summary must be maintained in each providers agency file\*\***