



Paramedic

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: _____ | 1 | 2 | 3 |
| BLS IN Naloxone | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Nebulized Medication | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Blood Glucose Monitoring | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| CPAP | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| IV – Adult & Pediatric | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| EJ Cannulation | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| IO – Adult & Pediatric | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Vascular Access Devices | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Alternative Airway Devices | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Oral ET – Adult & Pediatric | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| IV Bolus Admin | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| IM Medication Admin | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| IV Medication Infusion | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| 12-Lead Monitoring | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Synchronized Cardioversion | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Transcutaneous Pacing | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Needle Thoracostomy | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |
| Surgical Cricothyrotomy* | Date: _____ | Evaluator: _____ | 1 | 2 | 3 |

*** 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****