



AEMT

Mandatory Annual Skills Evaluation Form

Name: _____ Date: _____

Certification #: _____ CPR Expiration: _____

Certification Expiration: _____ TLS Expiration: _____

Primary EMS Agency: _____

Email Address: _____

			Circle Method Used to Demonstrate Skill (See options below)		
AED	Date: _____	Evaluator: _____	1	2	3
Epi-Pen	Date: _____	Evaluator: _____	1	2	3
Nebulized Albuterol Blood	Date: _____	Evaluator: _____	1	2	3
Glucose Monitoring	Date: _____	Evaluator: _____	1	2	3
BLS EKG Acquisition*	Date: _____	Evaluator: _____	1	2	3
IV w/Trap (Adult and Ped)	Date: _____	Evaluator: _____	1	2	3
IO (adult & pediatric) *	Date: _____	Evaluator: _____	1	2	3
EJ Cannulation *	Date: _____	Evaluator: _____	1	2	3
ET Intubation (adult)	Date: _____	Evaluator: _____	1	2	3
Rescue Airways (Kings, etc) CPAP*	Date: _____	Evaluator: _____	1	2	3
IM Syringe Epi*	Date: _____	Evaluator: _____	1	2	3
IV Bolus Medication	Date: _____	Evaluator: _____	1	2	3
Subcutaneous/IM injection	Date: _____	Evaluator: _____	1	2	3

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

Annual Skills Verification (Evaluator): _____

Print Signature

Provider Signature: _____

Medical Director 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 Med Dir training

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