



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

EMT Entry-Into-System Demographic information Skills competency verification

Date:	EMS Agency:
Name	Address:
e-mail:	City/Zip
DOB:	SS #:

X Documents to attach			
	Current EMT license	#:	Exp. date:
	Current AHA CPR card		Exp. date:
	Current driver's license	#:	Exp. date:
	Letter of verification from most recent EMS System/education program		System name:
	Copies of CE hours completed since last (re)licensure		

X Employer Peer educator must verify that EMT has been competenced in the following:		
	Monitoring	<ul style="list-style-type: none"> • Capnography monitoring • Interpret SpO₂ findings
	Airway/ventilatory management Oxygen delivery	<ul style="list-style-type: none"> • Obstructed airway maneuvers • Oral suctioning • Tracheal-bronchial suctioning of an already intubated pt. • O₂: NC, mask, NRM, BVM • BiPAP, CPAP, PEEP • Occlusive dressing applied to a penetrating chest wound
	Circulatory/cardiac mgt Vascular access	<ul style="list-style-type: none"> • Applications of 3-5 leads for ECG rhythm analysis • 12L ECG acquisition & submission to OLMC • Hemorrhage control: use of hemostatic agents; tourniquets • Spiking IV bag; priming tubing for vascular access
	Psychomotor skills	<ul style="list-style-type: none"> • Monitoring of OG/NG tube already inserted • Selective spine precautions • Splinting/bandaging • Vaginal delivery • Limb restraints
	Pharmacology Medication administration	<ul style="list-style-type: none"> • Albuterol nebulized • Diphenhydramine PO • Ipratropium bromide nebulized • Epinephrine (1mg/1mL) IM from ampule or vial • Glucagon IN or IM • Mark I or DuoDote autoinjector • Naloxone IN & IM • NTG (chest pain w/ suspected ischemia) • Ondansetron ODT
Date:	NAME/signature/credentials of person attesting to competency	