Sacramento County
Emergency Medical Services Agency

9616 Micron Avenue, Suite 960, Sacramento, CA 95827
Phone (916) 875-9753 Fax (916) 854-9211

PARAMEDIC INFREQUENT SKILLS VERIFICATION

Provider Agency:

Name: Calendar Year:

Certification or License #

Completion Date:

<table>
<tr><th colspan="2">SKILLS VERIFICATION</th><th>DATE OF VERIFICATION</th><th>EVALUATOR INITIALS</th></tr>
<tr><td colspan="2">1. Needle Cricothyrotomy-Per County Policy</td><td></td><td></td></tr>
<tr><td colspan="2">2. Needle Chest Decompression- Per County Policy</td><td></td><td></td></tr>
<tr><td colspan="2">3. Pediatric Airway Management</td><td></td><td></td></tr>
<tr><td colspan="2">4. Adult Airway Management per policy</td><td></td><td></td></tr>
<tr><td colspan="2">5. Hemorrhage Control-Per county Policy</td><td></td><td></td></tr>
<tr><td>6. Interosseous Placement
Adults:
Proximal Humerus
Proximal Tibia
Distal Tibia</td><td>and Infusion
Pediatrics:
Proximal Tibia
Proximal Humerus
Distal Tibia</td><td></td><td></td></tr>
<tr><td colspan="2">7. Transcutaneous Cardiac Pacing & Cardioversion (Adult and Pediatrics)</td><td></td><td></td></tr>
<tr><td colspan="2">8. External Juglar (EJ) IV Cannulation</td><td></td><td></td></tr>
<tr><td colspan="2">9. Medication Administration</td><td></td><td></td></tr>
<tr><td colspan="2">10. Emergency Childbirth</td><td></td><td></td></tr>
</table>

I certify all information on this form, to the best of my knowledge, is true and correct.

Evaluator Signature

Date

Printed Name & Title

SCEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated:

DRAFT