



**Sacramento County Emergency Medical Services Agency (SCEMSA)
Emergency Medical Responder (EMR) Skills Competency Verification Form**

Instructions for completing this form is located on the back of this form

1a. Name:	1b. Certificate Number:	1c. Signature:
1d. Employer:		
Skill:	Verification of Competency:	
1. Patient Assessment (including vital signs)	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
2. CPR & AED	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
3. Oropharyngeal Airway	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
4. Nasopharyngeal Airway:	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
5. Bag Valve Mask:	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
6. Oxygen & Oxygen Delivery Devices:	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
7. Suctioning Technique and Suctioning Equipment:	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
8. Splints Soft and Rigid	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
9. Spinal Motion Restriction (SMR)	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:
10. Obstetrical Emergencies	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License Number:



**Sacramento County Emergency Medical Services Agency (SCEMSA)
Emergency Medical Responder (EMR) Skills Competency Verification Form**

Instructions for completion of EMR skills competency verification form

A completed EMR Skills Verification Form is required to be submitted prior to issuance of a certification card for candidates who are recertifying.

1a. Name of Certificate Holder:

Provide the complete name, last name first, of the EMR who is demonstrating skills competency.

1b. Certificate Number:

Provide the EMR certification number.

1c. Signature:

Signature of the EMR certificate holder who is demonstrating competency. By signing this section the certificate holder is verifying that the information contained on this form is accurate and that the certificate holder has demonstrated competency in the skills listed to a qualified individual.

1d. Employer:

Provide the name of the certificate holder's employer.

Verification of Competency:

1. Affiliation- Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the EMR Skills Competency Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMR, EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (EMR, EMT, AEMT, Paramedic or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. Certification or License Number – Provide the certification or license number for the individual verifying competency.
5. Date- Enter the date that the individual demonstrates competency in each skill.
6. Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for EMR certification/recertification for a maximum of two years from the date of verification.