



ALS Skills Competency Verification Form

1a. Name as shown on paramedic license / MICN authorization		1b. Certificate / license number
1c. Signature of person demonstrating competency		1d. Certifying authority REMSA
Airway Skills	Verification of competency	
1. BLS airway adjuncts	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
2. Continuous Positive Airway Pressure (CPAP)	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
3. i-gel Supraglottic Airway Device	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
4. Laryngoscopy and Magill Forceps	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
5. Orogastic (OG) Tube	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
6. Orotracheal Intubation (OTI)	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
7. Post OTI Confirmation & Monitoring	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
8. Positive Pressure Ventilation	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number

Cardiac Skills	Verification of competency	
9. Defibrillation	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
10. Synchronized Cardioversion	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
11. Transcutaneous Cardiac Pacing	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
General Medical Skills	Verification of competency	
12. Calculating and Preparing Drug Dosages	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
13. Childbirth with Neonatal Resuscitation	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
Trauma Care Skills	Verification of competency	
14. Needle Chest Decompression	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number
15. Tourniquets	Affiliation	Date
Signature of person verifying competency	Printed name	Cert / License / Authorization number

For paramedics: a completed ALS Skills Verification Form is required to accompany an initial, and reaccreditation, application for those individuals who are either initially obtaining accreditation, maintaining accreditation without a lapse, or reaccrediting with a lapse of less than one (1) year.

For MICNs: a completed ALS Skills Verification Form is required to accompany an initial authorization application or when challenging MICN authorization.

For reauthorizing MICNs: to meet the additional reauthorization requirements in Policy #1210, a completed ALS SCV form must be included in the reauthorization packet.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the paramedic accreditation / MICN authorization holder who is demonstrating skills competency.

1b. Certificate Number

Provide the paramedic accreditation / MICN authorization number from the current or lapsed paramedic accreditation / authorization of the paramedic / MICN who is demonstrating competency.

1c. Signature

Signature of the paramedic accreditation / MICN authorization holder who is demonstrating competency. By signing this section, the paramedic or MICN is verifying that the information contained on this form is accurate and that the paramedic accreditation / MICN authorization holder has demonstrated competency in the skills listed to a qualified individual.

1d. Certifying Authority

Provide the name of the paramedic / MICN certifying authority for which the individual will be accrediting through.

Verification of Competency

1. Affiliation – Provide the name of the EMS service provider or base hospital 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 ALS Skills Competency Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed or certified as: A paramedic, registered nurse, physician assistant, or physician and shall be either a qualified instructor designated by an EMS approved training program (paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, REMSA authorized 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 demonstrated 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 paramedic reaccreditation or MICN authorization for a maximum of two (2) years from the date of verification.