

# VERIFICATION OF COMPETENCY

## EMERGENCY MEDICAL TECHNICIAN (EMT)

NEW SERVICE AFFILIATION 
 LICENSE RENEWAL 
 LICENSE UPGRADE 
 TRANSFER

### EMS PROVIDER DEMOGRAPHICS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE: \_\_\_\_\_

WI LICENSE NUMBER: \_\_\_\_\_

**VERIFICATION PERIOD:**

INITIAL 
 ANNUAL 
 SEMIANNUAL

### DOCUMENTATION OF VERIFICATION

**Approved Demonstration Methods:**

1. Demonstration of skills in simulation with the Office of Medical Direction; or
2. Documented successful performance of the skill during patient care; or
3. Completion of Medical Director approved training on the skill

Date Completed:	Demonstration Method:	Evaluator Name & Title:
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AIRWAY				
BVM Ventilation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Supraglottic Airway	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
CPAP	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

CARDIAC				
Defibrillation (AED)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Defibrillation - Manual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

ASSESSMENT				
Medical Patient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Trauma Patient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

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Date Completed:	Demonstration Method:	Evaluator Name & Title:
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TRAUMA			
Bleeding Control		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

MEDICATION			
Epinephrine (1:1000)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Intranasal Medication Administration		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

**SIGNATURES**

**PROVIDER SIGNATURE:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**SERVICE DIRECTOR VALIDATION:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**MEDICAL DIRECTOR APPROVAL:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_