TUOLUMNE COUNTY EMS AGENCY
PARAMEDIC SKILLS COMPETENCY VERIFICATION FORM (2022)

1a. Name of Paramedic:	1b. License Number:
1c. Signature of Paramedic:	1d. Employer:

Skill		Verification of Competency	
1. Oral Endotracheal Intubation Adult		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
2. SGA Airway		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
3. Needle Cricothyrotomy		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
4. Needle Thoracostomy		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
5. PICC, Tunneled and Non-Tunneled Venous Access		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
6. Nasogastric Tube Insertion		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
7. Transcutaneous Cardiac Pacing		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
8. Intraosseous Access		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
9. CPAP		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
10. 12 Lead ECG Acquisition		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number
11. **Childbirth**		Affiliation	Date
Signature of Person Verifying Competency		Print Name	License Number

Instructions:

1. The Paramedic being evaluated completes section 1a.-1d.
2. Once competency has been verified the evaluator shall provide the name of the EMS service provider with whom they are affiliated, print and sign their name, provide their license number, and the date each skill was successfully demonstrated.
3. Paramedics may have their competency evaluated & verified by a paramedic authorized by the EMS Agency.