WREMAC
Western Regional Emergency Medical Advisory Committee
ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE, GENESEE, NIAGARA, ORLEANS, AND WYOMING COUNTIES

EMT - CC

Mandatory Annual Skills Evaluation Form

Name: _____ Date: _____

Certification #: _____ CPR Expiration: _____

Certification Expiration: _____ TLS Expiration: _____

Primary EMS Agency: _____ PLS Expiration: _____

Email Address: _____ ACLS Expiration: _____

			Circle Method Used to Demonstrate Skill (See options below)		
Nebulized Medication	Date: _____	Evaluator: _____	**1**	**2**	**3**
Blood Glucose Monitoring	Date: _____	Evaluator: _____	**1**	**2**	**3**
IV w/Trap (adult & ped)	Date: _____	Evaluator: _____	**1**	**2**	**3**
IO (adult & pediatric)	Date: _____	Evaluator: _____	**1**	**2**	**3**
EJ Cannulation	Date: _____	Evaluator: _____	**1**	**2**	**3**
ET Intubation (adult)	Date: _____	Evaluator: _____	**1**	**2**	**3**
Rescue Airways (Kings, etc)	Date: _____	Evaluator: _____	**1**	**2**	**3**
CPAP*	Date: _____	Evaluator: _____	**1**	**2**	**3**
Manual Defibrillation	Date: _____	Evaluator: _____	**1**	**2**	**3**
Lead II cardiac Monitoring	Date: _____	Evaluator: _____	**1**	**2**	**3**
12-lead monitoring	Date: _____	Evaluator: _____	**1**	**2**	**3**
Synchronized cardioversion	Date: _____	Evaluator: _____	**1**	**2**	**3**
External Pacing	Date: _____	Evaluator: _____	**1**	**2**	**3**
Needle Thoracostomy	Date: _____	Evaluator: _____	**1**	**2**	**3**
IV Bolus Medication	Date: _____	Evaluator: _____	**1**	**2**	**3**
Subcutaneous/IM injection	Date: _____	Evaluator: _____	**1**	**2**	**3**

*** Demonstrated only if agency is credentialed to use the skill**

Annual Skills Verification (Evaluator): _____ _____

Print Signature

Provider Signature: _____

Medical Director Name: _____

Skill competency shall be demonstrated to the medical director (or his designee), as follows:

1. Demonstrate the skill **2.** Verified the skill from QA/QI **3.** Attending an approved Med Dir training

****A copy of this summary must be maintained in each providers agency file.****

REVISED MARCH 2018