



Paramedic

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
ET Intubation (pediatric)	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
Surgical Cricothyrotomy*	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