



## ALS Skills Competency Verification Form

1a. Name as shown on Paramedic License/MICN authorization #	1b. Certificate Number	
1c. Signature of person demonstrating competency	1d. Certifying Authority	
Skill	Verification of Competency	
<b>1. BLS Airway Adjuncts</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>2. Laryngoscopy and Magill Forceps</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>3. Positive Pressure Ventilation</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>4. Adult Orotacheal Intubation</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>5. Pediatric Orotacheal Intubation</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>6. Rescue Airway Insertion</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>7. Post ETI Confirmation and Monitoring</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>8. Needle Thoracostomy</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>9. Transcutaneous Cardiac Pacing</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>10. Synchronized Cardioversion</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>11. Continuous Positive Airway Pres. (CPAP)</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>12. Defibrillation</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:

Skill	Verification of Competency	
<b>13. Tourniquets</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>14. Calculating and Preparing Drug Dosages</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:
<b>15. Restraints</b>	Affiliation	Date
Signature of person verifying competency	Print Name	Certification/License/Authorization Number:

A completed ALS Skills Verification Form is required to accompany a paramedic reaccreditation application for those individuals who are either maintaining paramedic certification without a lapse, to renew paramedic certification with a lapse in certification less than one year, to challenge the MICN authorization, or to reauthorize as an MICN.

**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, 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 years from the date of verification.