**Guidelines for EMT Skills Competency Verification**

A completed EMT Skills Verification Form (EMSA-SCV 08/10) is required to accompany an EMT recertification application for those individuals who are either maintaining EMT certification without a lapse or to renew EMT certification with a lapse in certification less than one year.

***For verification of competency, the name of the training program or EMS service provider with whom the skills verifier is affiliated is required***. Competency must be demonstrated by direct observation of an actual or simulated patient contact; *i.e*., skills station. The individual verifying competency shall sign the EMT Skills Competency Verification Form for that skill. There should be a signature for each competency verified.

Qualified individuals who verify skills competency shall be currently licensed or certified as:

* An EMT
* Paramedic
* Registered Nurse
* Physician Assistant
* Physician

**AND** shall either be a qualified instructor designated by an EMS approved training program (EMT 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
* Other EMS providers

For persons verifying competency, the certification or license number for that individual must be provided.

Verification of skills competency shall be valid to apply for EMT recertification for a maximum of two (2) years from the date of verification.

Please use the attached form to list each individual from your training program or EMS service provider who is approved to serve as a competency verifier.

***This list shall be updated as personnel change within your agency and forwarded to the attention of the OCEMS CE and Training Program Coordinator, as well as annually (due to OCEMS by January 15 of each calendar year). When submitting an update, only submit information on persons who have been added or deleted.***

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***EMT Skills Competency Verifiers***

*Program name*

|  |  |  |  |
| --- | --- | --- | --- |
| **Program type** | **Date** | **Submitted by** | **Reason for submission** |
| EMT/paramedic training program  approved CE provider  public safety agency  private ambulance provider  other EMS provider |  | (name & title: role within Program) | change / update  annual listing  (due to OCEMS by Jan 15 of each year) |

**RETURN COMPLETED FORM TO ORANGE COUNTY EMS; ATTENTION CE & TRAINING COORDINATOR**

|  |  |  |
| --- | --- | --- |
| ***Name (typed)*** | ***Certification / license #*** | ***Signature*** |
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