



**EL DORADO COUNTY EMS AGENCY**

**PROGRAM POLICY**

**EXPANDED SCOPE EMT SKILLS**

**SKILLS COMPETENCY/REGIONAL TRAINING MODULE VERIFICATION  
SUMMARY**

PROVIDER AGENCY \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CERTIFICATION# \_\_\_\_\_

REGIONAL TRAINING MODULE COMPLETION DATE \_\_\_\_\_

SKILLS VERIFICATION	DATE OF VERIFICATION	EVALUATOR INITIALS
1. Over the Counter Medication		
2. King Airway Device		
3. EpiPen		
4. Naloxone (Narcan)		