PARAMEDIC ACCREDITATION TRAINING AND SKILLS

PARAMEDIC NAME:			YEAR ONE
PARAMEDIC LICENSE NUMBER			
REQUIREMENT	FULLFILLMENT TYPE	INCIDENT NUMBER/ PROCTOR	DATE
EMS UPDATE			
EMS UPDATE			
EMS UPDATE			
CRICOTHYROIDOTOMY			
ENDOTRACHEAL INTUBATION			
ENDOTRACHEAL INTUBATION			
ENDOTRACHEAL INTUBATION			
ENDOTRACHEAL INTUBATION			
INTRAOSSEOUS INFUSION			
NEEDLE CHEST DECOMPRESSION			
SUPRAGLOTTIC AIRWAY			
TRANSCUTANEOUS PACING			
			YEAR TWO
REQUIREMENT	FULLFILLMENT TYPE	INCIDENT NUMBER/ PROCTOR	DATE
EMS UPDATE			
EMS UPDATE			
EMS UPDATE			
CRICOTHYROIDOTOMY			
ENDOTRACHEAL INTUBATION			
ENDOTRACHEAL INTUBATION			
ENDOTRACHEAL INTUBATION			
ENDOTRACHEAL INTUBATION			
INTRAOSSEOUS INFUSION			
NEEDLE CHEST DECOMPRESSION			
SUPRAGLOTTIC AIRWAY			
TRANSCUTANEOUS PACING			

* Attach all PCR's where skills were identified as performed on scene
* Only Paramedics with documented procedures will received credit

PARAMEDIC SIGNATURE: DATE:

By signing this you agree that all training and procedures documented above were completed by you.