



See back of form for instructions for completion

1a. Name as shown on EMT-I Certificate		1b. Certificate Number	
1c. Certifying Authority			
<b>Skill</b>		<b>Verification of Competency</b>	
<b>1. Patient examination, trauma patient;</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>2. Patient examination, medical patient</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>3. Airway emergencies</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>4. Breathing emergencies</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>5. AED and CPR</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>6. Circulation emergencies</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>7. Neurological emergencies</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>8. Soft tissue injury</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>9. Musculoskeletal injury</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
<b>10. Obstetrical emergencies</b>	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	

