



## ALS SKILLS COMPETENCY FORM

This Form may be used to verify ALS Skills. Agencies do not need to submit completed skills sheets to ICEMA. Once the competencies have been demonstrated, the qualified instructor designated by an EMS approved training program will sign the form and verify completion by checking the skills verification tab in the ICEMA EMS Credentialing portal.

<b>I. Last Name, First Name of EMT-P or MICN</b>		<b>II. Certification Number</b>	
<b>III. Signature of person demonstrating competency</b>		<b>IV. Certifying Affiliation</b>	
SKILL	VERIFICATION OF COMPETENCY		
<b>1. Advanced Airway Management (ETT, iGel)</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>2. Calculating and Preparing Drug Dosages (Adult and Peds)</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>3. Continuous Positive Pressure Airway Pressure (CPAP)</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>4. Defibrillation</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>5. Direct and/or Video Laryngoscopy and Magill Forceps</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>6. I.O. (Sites / Placement / Management)</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>7. Needle Cricothyrotomy</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number
<b>8. Needle Thoracostomy</b>	Signature of Verifier		Printed Name of Verifier
Date Completed	Affiliation		Cert / License / Authorization Number

<b>9. Neonatal Resuscitation</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>10. NG/OG</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>11. Positive Pressure Ventilation</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>12. Post ETI Confirmation and Monitoring</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>13. Synchronized Cardioversion</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>14. Transcutaneous Pacing</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>OPTIONAL SKILLS</b>		
<b>15. BLS Airway Management</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>16. EPI Auto Injectors</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>17. Glucometer</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>18. Mechanical Compression Device</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number



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<b>19. Narcan for Suspected Opioid Overdose</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>20. Restraints</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>21. Tourniquets</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>22.</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>23.</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>24.</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number
<b>25.</b>	Signature of Verifier	Printed Name of Verifier
Date Completed	Affiliation	Cert / License / Authorization Number

## Directions for completing the ALS Skills Verification Form

### I. Name of Certificate Holder

Provide the LAST NAME, FIRST NAME of the EMT-P accreditation / MICN authorization holder who is demonstrating skills competency.

### II. Certification Number

Provide the EMT-P accreditation / MICN authorization number from the current or lapsed certification.

### III. Signature

Signature of the EMT-P or MICN who is demonstrating competency. By signing this section, the EMT-P or MICN is verifying the information contained in this form is accurate and the signer has demonstrated competency in the skills listed to a qualified individual.

### IV. Certifying Affiliation

Provide the name of the EMT-P or MICN certifying authority for which the individual will be accredited through.

## Verification of Competency

1. 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 Form for that skill.
2. Date – Enter the date the individual demonstrated competency in each skill.
3. Signature – Complete as witness to skill completion
4. Affiliation – Provide the name of the EMS Service provider or base hospital the qualified individual verifying competency is affiliated with.
  - a. 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.
5. Print Name – Print the name of the individual verifying competency in each skill.
6. Certification or License Number – Provide the certification or license number for the individual verifying competency.

Verification of ALS skills competency shall be valid to apply for EMT-P reaccreditation or MICN initial or re-authorization for a maximum of two years from the date of verification.