State of California
EMT Skills Competency Verification Form
EMSA – SCV (01/17)

See attached for instructions for completion

This section is to be filled out by the EMT whose skills are being verified:
I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature

This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers).
By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
1. Trauma Assessment (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
2. Medical Assessment (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
3. Bag-Valve-Mask Ventilation (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
4. Oxygen Administration (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
5. Cardiac Arrest Management w/ AED (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
6. Hemorrhage Control & Shock Management (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
7. Spinal Motion Restriction- Supine & Seated (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
8. Penetrating Chest Injury (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
9. Epinephrine & Naloxone Administration (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:
10. Childbirth & Neonatal Resuscitation (Signature of Verification)	Name of Verifier: Approval to Verify from:	Date of Verification: Cert./License Info. of Verifier:

INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.

2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.

3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.

4. **Verification of Competency**

   Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

   a. Sign the EMT Skills Competency Verification Form for that skill.
   b. Print their name on the EMT Skills Competency Verification Form for that skill.
   c. Enter the date that the individual demonstrated the competency of the skill.
   d. Provide the name of the organization that has approved them to verify skills.
   e. Provide their certification or license type and number.

5. In order to be an **approved skills verifier** you must meet the following qualifications:

   a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
   b. Be approved to verify by:
      - EMT training program, or
      - AEMT training program, or
      - Paramedic training program, or
      - Continuing education providers, or
      - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).