



**USE THIS FORM WHEN
 TESTING PSFA SKILLS
 ONLY.**

NOT VALID FOR EMT

EMERGENCY MEDICAL SERVICES SKILLS EXAM/COMPETENCY VERIFICATION FORM

| | | | |
|---|--------------------|---------------------------------|------|
| Student Name: | | Student Card # (if applicable): | |
| I certify under the penalty of perjury that the information on this form is accurate. | Student Signature: | Date | Unit |

Check this box if one proctor verified all skills. The Skills Proctor's name, certification/license number, and date of the test may be filled out **once** if the information is the same. The Skills Proctor must sign after each skill verifying competence.

| SKILL | VERIFICATION OF COMPETENCY | |
|--|--|------------|
| PATIENT EXAMINATION, TRAUMA PATIENT <i>Skill #1: Patient Assessment, Trauma</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| PATIENT EXAMINATION, MEDICAL PATIENT <i>Skill #2: Patient Assessment, Medical</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| AIRWAY EMERGENCIES <i>Skill #3: Upper Airway Adjuncts and Suction</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| BREATHING EMERGENCIES) <i>Skill #4: Bag-Valve-Mask Apneic Patient</i> <i>Skill #5: Oxygen Administration</i> <i>Skill #6: Mouth-to-Mask with Supplemental O2</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| CPR AND AED <i>Skill #7: Cardiac Arrest Management/AED</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| CIRCULATION EMERGENCIES <i>Skill #8: Bleeding Control/Shock Management</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| NEUROLOGICAL EMERGENCIES <i>Skill #9 Spinal Immobilization Supine Patient</i> <i>Skill #10: Spinal Immobilization Seated Patient</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| SOFT TISSUE INJURY <i>Skill #11: Unattached Avulsion or Amputation</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| MUSCULOSKELETAL INJURY <i>Skill #12: Long Bone Immobilization</i> <i>Skill #13: Joint Dislocation Injury</i> <i>Skill #14 Traction Splinting</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| OBSTETRICAL EMERGENCIES <i>Skill #15: Pre-hospital Childbirth (CA Req.)</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| WOUND PACKING AND DRESSING <i>Skill #16: Tactical Casualty Care (CA Req.)</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |



| | | | |
|---|--------------------|---------------------------------|------|
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| SKILL | VERIFICATION OF COMPETENCY | |
|--|--|------------|
| AIRWAY MANAGEMENT <i>Skill #17: Tactical Casualty Care (CA Req.)</i> <i>SEE SKILL #3, Upper Airway Adjuncts & Suction</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| CHEST SEAL (OCCLUSIVE DRESSING) <i>Skill #18: Tactical Casualty Care (CA Req.)</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| CASUALTY DRAGS AND CARRIES <i>Skill #19: Tactical Casualty Care (CA Req.)</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| EPINEPHRINE AUTO INJECTOR ADMINISTRATION <i>Skill #20: Tactical Casualty Care (CA Req.)</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| NALOXONE ADMINISTRATION (MUCOSAL ATOMIZATION DEVICE) <i>Skill #21: Tactical Casualty Care (CA Req.)</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |
| DIABETIC EMERGENCIES <i>Skill #22: Glucometer Reading and Glucose Administration Assistance</i> | Skills Proctor: | Date: |
| | Proctor Certificate or License Number: | Signature: |

PSFA, CPR, and AED SKILLS: Skill #'s 1, 4, 5, 6, 7, 8, 9, 11, 12, 13,16,17,18,19, 20, and 21



EMERGENCY MEDICAL SERVICES SKILLS EXAM/COMPETENCY VERIFICATION FORM

INSTRUCTIONS FOR COMPLETION

A completed Emergency Medical Services Skills Exam/Competency Verification (EMS-704) is required to accompany all applicable EMS applications.

1. Name of Student

- Provide the complete name, last name first, as it appears on your EMS card

2. Student Signature

- Sign, verifying that competency in the skills have been demonstrated in the presence of a qualified Skills Proctor

3. Approving CAL FIRE Unit/Program

- Provide the name of the CAL FIRE Unit/Program the individual completed the skills competency through

4. Verification of Competency

- Check the appropriate box
- Enter the date the individual demonstrates competency in each skill
- Print the name of the Skills Proctor who is verifying competency
- Once competency is demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the Skills Proctor shall sign off on the demonstrated skill
 - PFSA Skills Proctors shall be at an EMT certification level or higher.
CAL FIRE Skills Proctors must be approved and application on file with the Unit/Program Training Officer and the EMS Program
- Skills Proctors must provide their certification or license number on form

Verification of skills competency shall be valid to apply for EMS recertification for a maximum of two years from the date of competency verification.