

Student Name:

# USE THIS FORM WHEN TESTING PSFA SKILLS ONLY.

**NOT VALID FOR EMT** 

Student Card # (if applicable):

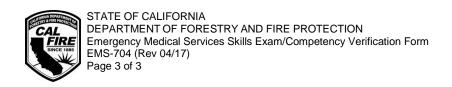
# **EMERGENCY MEDICAL SERVICES SKILLS EXAM/COMPETENCY VERIFICATION FORM**

rtify under the penalty of perjury that the rmation on this form is accurate.		Date		Unit
Check this box if one proctor verification/license number, and date of the same. The Skills Proctor must sign after each of the same.	ne test may be filled out	once if th		ation is the
SKILL	VERIFICATION OF		COMPETENCY	
PATIENT EXAMINATION, TRAUMA PATIENT Skill #1: Patient Assessment, Trauma	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
PATIENT EXAMINATION, MEDICAL PATIENT Skill #2: Patient Assessment, Medical	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
AIRWAY EMERGENCIES Skill #3: Upper Airway Adjuncts and Suction	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
BREATHING EMERGENCIES)  Skill #4: Bag-Valve-Mask Apneic Patient  Skill #5: Oxygen Administration  Skill #6: Mouth-to-Mask with Supplemental O2	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
CPR AND AED Skill #7: Cardiac Arrest Management/AED	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
CIRCULATION EMERGENCIES Skill #8: Bleeding Control/Shock Management	Skills Proctor:	Skills Proctor:		
	Proctor Certificate or License Number:		Signature:	
NEUROLOGICAL EMERGENCIES Skill #9 Spinal Immobilization Supine Patient Skill #10: Spinal Immobilization Seated Patient	Skills Proctor:		Date:	
	Proctor Certificate or Licen	se Number:	Signature:	
SOFT TISSUE INJURY Skill #11: Unattached Avulsion or Amputation	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
MUSCULOSKELETAL INJURY Skill #12: Long Bone Immobilization Skill #13: Joint Dislocation Injury Skill #14 Traction Splinting	Skills Proctor:		Date:	
	Proctor Certificate or Licen	se Number:	Signature:	
OBSTETRICAL EMERGENCIES Skill #15: Pre-hospital Childbirth (CA Req.)	Skills Proctor:		Date:	
	Proctor Certificate or License Number:		Signature:	
WOUND PACKING AND DRESSING	Skills Proctor:	Date:		
Skill #16: Tactical Casualty Care (CA Reg.)	Proctor Certificate or Licen	sa Numbar	Signature	

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	

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