



Proficiency Check List

This bi-annual check list is intended to act as a record of competency for all items listed. Items may only be signed off by the Director, Education Coordinator, or designee. Acquiring signatures is the sole responsibility of the EMT/Paramedic. Items may be signed off after appropriate demonstration of said item (in-field use, skills check, written exam if appropriate, proctoring stations, etc). Each certification level must complete their level of skill and all lower level skill sets. Completed forms are to be turned into the Education Coordinator prior to state/national recertification. Recertification will be approved only on receipt of this completed form.

BASIC SKILLS	DATE	PRECEPTOR
BLS: Health Care Provider (2/year)		
Year 1		
Year 2		
Airway:		
Adjuncts (Oral/Nasal)		
CombiTube		
Suction:		
Hand operated		
Portable electric		
Rig mounted		
Bulb/DeLee		
Oxygen Administration:		
Nasal Cannula		
Non-Rebreather Mask		
Cardiovascular		
Auto Pulse Use/Cleaning/Batteries		
ZOLL E-Series		
General use (incl: battery & paper)		
3-Lead Use/placement		
12-Lead Use/placement/transmission		
SaO2		
ETCO2		
NIBP		
AED Use and pad placement		
Event Markers/Summary Printing		
ZOLL M-Series		
General Use (incl: battery & paper)		
AED Use and pad placement		
Event Markers/Summary Printing		
Pediatrics		
Pediatric Bag / Tap Use		

BASIC SKILLS (cont.)	DATE	PRECEPTOR
Immobilization / Lifting & Moving		
Rapid Extrication (Horse Collar)		
<i>Back Board:</i> Supine (Incl. C-Spine)		
Prone (Incl. C-Spine)		
Standing (Incl. C-Spine)		
<i>Devices:</i> Scoop		
Stair Chair (Three Models)		
Soft Carry		
Folding Stretcher		
Cot		
KED (Incl. C-Spine)		
<i>Peds/Infants:</i> Car Seat (Pedi Pal)		
Backboard (Incl. C-Spine)		
Pedi Imob Device		
Splinting/Bandaging		
<i>Wound Dressing:</i> Arm, Leg, Scalp		
<i>Sucking Chest:</i> Anterior/Posterior		
<i>Impaled Object:</i> Abdominal		
Vacuum Splint		
Traction Splints		
Air/Wire/SAM		
Medication Administration (Consider Written Exam)		
Activated Charcoal		
Nebulizer		
Nitroglycerin		
Epinephrine Pen		
Oxygen		
Documentation: (at the level or your certification)		
Fractured Hip		
Flu/III Patient		
Minor Sig 1		
Chest Pain		

INTERMEDIATE SKILLS			DATE	PRECEPTOR		
<i>ALL BASIC SKILLS PLUS</i>						
Glucometer use						
Completed IV Record (5 live/year min.)						
		Location	Size	Date	Preceptor	
Year 1	1					
	2					
	3					
	4					
	5					
Year 2	1					
	2					
	3					
	4					
	5					
PARAMEDIC SKILLS			DATE	PRECEPTOR		
<i>ALL BASIC & INTERMEDIATE SKILLS PLUS</i>						
ACLS (full course or renewal, test out option may be available)						
Year 1						
Year 2						
PALS (full course or renewal, test out option may be available)						
Year 1						
Year 2						
Adult Intraosseus						
Pediatric Intraosseus						
Medication Administration						
□IV, □IM, □SQ, □Neb, □PO						
ZOLL Defibrillator / Pacer Use						
Completed ET Record (5/year)						
		Size	Depth	Attempts	Date	Preceptor
Year 1	1					
	2					
	3					
	4					
	5					
Year 2	1					
	2					
	3					
	4					
	5					

NREMT SKILLS STATIONS		DATE	PRECEPTOR
<i>BASIC STATIONS</i>			
Patient Assessment – Trauma			
Patient Assessment – Medical			
Cardiac Arrest Management – AED			
Oxygen Administration			
Bag-Valve-Mask / Apneic Patient			
Upper Airway Adjuncts & Suction			
Dual Lumen Airway (CombiTube)			
Spinal Immobilization – Seated Patient			
Spinal Immobilization – Supine Patient			
Traction Splinting			
Long Bone Splinting			
Joint Injury			
Bleeding Control & Shock Management			
<i>INTERMEDIATE STATIONS (plus basic)</i>			
Intravenous Therapy			
<i>PARAMEDIC STATIONS (plus intermediate and basic)</i>			
Dynamic Cardiology			

MED UNIT INVENTORY		<i>For All Personnel</i>	
	Year 1	Year 1	Preceptor
Med 1			
Med 2			
Med 3			
Med 4			
Med 5			
Med 11			
Med-12 (Whitewood)			

SAFETY		<i>For All Personnel</i>	
	Year 1	Year 1	Preceptor
Building & Vehicle			
Fire			
Scene			
Lifting & Moving			
Blood Bourn Path.			

NAME: _____
SDEMT #: _____ **Expiration Date:** _____
NREMT #: _____ **Expiration Date:** _____
Date of Completion: _____
Director / Education _____
Coordinator Signature: _____