

County of San Luis Obispo Public Health Department
Division: Emergency Medical Services Agency

Policy 224 Attachment A
Effective Date: 01/15/2026

EMT OPTIONAL SKILLS APPLICATION

APPLICANT INFORMATION

EMS Provider Agency Name:	
EMS Provider Agency Address:	Liaison's Name:
Liaison's Phone Number:	Liaison's Email:

EMT OPTIONAL SKILLS APPLYING FOR:

<input type="checkbox"/> Use of perilyngeal airway adjuncts.
<input type="checkbox"/> Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.
Administer the medications: <input type="checkbox"/> Atropine and/or <input type="checkbox"/> Pralidoxime Chloride.
<input type="checkbox"/> Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority.

SUBMIT THE FOLLOWING WITH THIS APPLICATION:

<input type="checkbox"/> Letter of intent.
<input type="checkbox"/> Identify an EMT Optional Skills Liaison.
<input type="checkbox"/> Identify primary instructor(s) and verify eligibility.
<input type="checkbox"/> Copy of all training materials, including presentations, handouts, written exams, and descriptions of skill demonstrations that verify competency in each skill.
<input type="checkbox"/> A description of the plans for initial training and competency verification for authorized EMTs.
<input type="checkbox"/> Copy of the EMSQIP and written procedure for ongoing activities specific to the use of EMT Optional Skills.
<input type="checkbox"/> Pay non-refundable fee.

ATTESTATION OF EMT OPTIONAL SKILLS APPLICANT

<i>I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #224, EMT Optional Skills Authorization and Title 22, Div. 9 requirements.</i>	
Applicant's Name:	Applicant's Title:
Signature:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****

Received Date:	<input type="checkbox"/> Email confirmation of application received.
Response Date (w/in 21 work days):	<input type="checkbox"/> Letter on file.