

PARAMEDIC SKILLS ANNUAL VERIFICATION TRACKING SHEET

Two (2) Paramedic Skills Annual Verification Tracking Sheets are required for reaccreditation (one for each 12 months of the accreditation cycle), unless prorated skills sheets have been previously approved and documented.

Skills competency verification shall be conducted and signed off by one of the following evaluators: A San Luis Obispo County Field Training Officer (FTO) or agency approved designee, the service provider's medical director, and/or a base station designee.

All low use/ high risk skills that are performed in the field during patient care shall be verified by an evaluator. Skills performed in a structured training environment shall be verified by an evaluator utilizing the Skills Verification Checklists-Attachment C. Below, circle "Field" for skills performed during patient care and circle "Skill" for skills verified in a structured training environment.

PARAMEDIC INFORMATION

Paramedic Name:		SLO County Accreditation #:		
Evaluator's Name:		Employer:		
Accreditation Year (circle):	1	2	Prorated Sheet Approved By/Date (if applicable):	
Description:	Verification Date:		Evaluator Initials:	Performed:
1. Adult Endotracheal Intubation. Preferred: complete once every 3 months (required twice every 6 months).	1:			Skill Field
	2:			Skill Field
	3:			Skill Field
	4:			Skill Field
2. Cardiac Arrest Management (CAM). Complete once every 6 months.	1:			Skill Field
	2:			Skill Field
3. Cardiac Arrest Management (CAM) Pediatric. Complete once every 6 months.	1:			Skill Field
	2:			Skill Field
4. Needle Cricothyrotomy				Skill Field
5. Needle Thoracostomy				Skill Field
6. Intraosseous Infusion				Skill Field
7. Adult Cardioversion				Skill Field