

Emergency Health Services Federation
Annual Skills Evaluation Competency Form

Provider Name

Cert Number

_____/_____/_____
Date of Birth.

Initial Annual
Evaluation Type

EMR EMT AEMT EMT-P PHRN PHPE PHP
Certification Level

This form contains an evaluation for minimum advanced life support competencies in the region. As required by PA Act 37 of 2009, medical command authorization is now completed on an annual basis by a skills review under the direction of the agency medical director. This form is designed to represent a regionally agreed upon core skill set for a medical command authorization. A checkmark in the appropriate box means that the provider demonstrated minimum competency of the skill in a manner approved by the agency medical director. Multiple skills may be combined into single patient scenarios. Scenario design is up to the discretion of the agency medical director.

Core Skills- Demonstrated skills required for all providers (if within their scope of practice.)

Airway

- Endotracheal Intubation with EtCO2 monitoring
- Agency Surgical/Alternative Airway _____
- BVM (Adult and Pediatric)

Cardiac

- Review/demonstrated competency of Suspected ACS
- Review/demonstrated competency of General Cardiac Arrest-Adult
- Review/demonstrated competency of Post Resuscitation Care
- STEMI recognition, destination, and alert procedure

Pediatric

- Review/demonstrated competency of General Cardiac Arrest-Pediatric
- Pediatric Endotracheal Intubation
- Pediatric IO Physiology
- Pediatric Length/Weight Based Chart Use

Trauma

- Bleeding control/tourniquet use
- Chest Decompression

Medical

- Stroke recognition, destination, and alert procedure
- Adult IV/IO Physiology _____ (Brand) and medication administration
- Protocols Reviewed
Protocol #'s: _____ / _____ / _____ / _____ / _____

Medical Director Name (Signed)

Medical Director Name (Print)

_____/_____/_____
Date of Evaluation.

(Authorization expires 1 year from date above)

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What level is the provider authorized to provide care at?