



ANNUAL SKILLS AND POLICY REVIEW FORM 6091

1a. Name as shown on Paramedic License:		1b. License Number	
1c. Signature of person demonstrating competency		1d. Employer	
Skill	Verification of Competency		
1. Orotracheal Intubation (Adult) (6091a)	Affiliation:	Date:	
Signature of person verifying competency	Print Name:	Certification/License Number:	
2. King Airway (Adult) (6091b)	Affiliation:	Date:	
Signature of person verifying competency	Print Name:	Certification/License Number:	
3. Pleural Decompression (6091c)	Affiliation:	Date:	
Signature of person verifying competency	Print Name:	Certification/License Number:	
4. Transcutaneous Cardiac Pacing (6091d)	Affiliation:	Date:	
Signature of person verifying competency	Print Name:	Certification/License Number:	
5. Synchronized Cardioversion (6091e)	Affiliation:	Date:	
Signature of person verifying competency	Print Name:	Certification/License Number:	
6. EZ IO (Adult/Pediatric) (6091f)	Affiliation:	Date:	
Signature of person verifying competency	Print Name:	Certification/License Number:	
7. Annual Protocol/Policy Review	Affiliation:	Date:	
Signature of person verifying competency:	Print Name:	Certification/License Number:	

A completed ALS Skills Verification Form is required to accompany a paramedic reaccreditation application for every individual who are either maintaining paramedic accreditation without a lapse, or to renew paramedic accreditation with a lapse of less than six months.

1a. Name of Paramedic License Holder

Provide the complete name, last name first, of the paramedic accreditation demonstrating skills competency.

1b. Paramedic License Number

Provide the paramedic license number for the current or lapsed paramedic accreditation.

1c. Signature

Signature of the paramedic accreditation. By signing this section the paramedic is verifying that the information contained on this form is accurate and that the paramedic accreditation holder has demonstrated competency in the skills listed in the skills sheet.

1d. Certifying Authority

Provide the name of the current paramedic employer(s).

Verification of Competency

1. Affiliation: Provide the name of the EMS service provider or base hospital that the qualified individual who is verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the ALS Skills Competency Verification Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed as: a paramedic, registered nurse, physician assistant, or physician and shall be either a qualified instructor designated by an EMS approved training program (paramedic training program or continuing education training program) or be a qualified individual designated by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. License Number: Provide the certification or license number for the individual verifying competency.
5. Date: Enter the date that the individual demonstrated competency in each skill.
6. Print name – Print the name of the individual verifying competency in the skill.

Verification of skills competency form 6091, as well as all forms in 6091a through 6091f shall be provided to the Monterey County EMS Agency for every paramedic reaccreditation cycle in compliance with Policy 2050. A copy of this form shall be retained by the paramedic license holder, and the EMS provider agency for a minimum of 4 years as outlined in Monterey County EMS System Policy 6090.