

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

Policy 342 Attachment B  
 Effective Date: 11/01/2021

## PARAMEDIC SKILLS ANNUAL VERIFICATION TRACKING SHEET

All low use/ high risk skills shall be verified in a structured training environment utilizing the Skills Verification Checklists-Attachment D. Copies of the Skills Verification Checklists shall be maintained by individual agencies in the employees file for a period of not less than four (4) years, and be made available for review by San Luis Obispo County EMSA upon request.				
Two (2) Paramedic Skills Annual Verification Tracking Sheets are required for reaccreditation (one for each year of the accreditation cycle) along with the Paramedic Application for County Accreditation Policy #342 Attachment A.				
Skills competency verification shall be conducted and signed off by one of the following: San Luis Obispo County Field Training Officer (FTO) or agency approved designee, service provider's medical director, and/or base hospital designee.				
PARAMEDIC INFORMATION				
Last Name:		First Name and Middle Initial:		
Paramedic License #:		SLO County Accreditation #:		
Accreditation Year (circle):	1	2	Employer:	
Description:	Verification Date:	Evaluator Initials:	Intubations:	
1. Adult Endotracheal Intubation (circle "Skill" for intubations obtained during training or "Field" for intubations obtained in the field)	1:		Skill	Field
	2:		Skill	Field
	3:		Skill	Field
	4:		Skill	Field
2. Cardiac Arrest Management (CAM)	1:			
	2:			
3. Cardiac Arrest Management (CAM) Pediatric	1:			
	2:			
4. Needle Cricothyrotomy				
5. Needle Thoracostomy				
6. Intraosseous Infusion				
7. Adult Cardioversion				