EMT BASIC SCOPE OF PRACTICE APPROVED ELECTIVE SKILLS
AUTHORIZED PERSONNEL TRAINING RECORD

PROVIDER AGENCY

EMPLOYEE NAME	EMT EXPIRATION DATE	NARCAN TRAINING DATE	CPAP TRAINING DATE	EPI AUTO-INJECTOR TRAINING DATE	BLOOD GLUCOSE TESTING TRAINING DATE

Submit this document to: County of San Luis Obispo EMS Agency, 2180 Johnson Ave., 2nd Floor San Luis Obispo, CA Fax: (805)788-2517