ENTRY PROFIENCY VERIFICATION BY INSTRUCTOR

Student Name: _____

I have performed preliminary practice/evaluation on the above student, and based on his/her performance in the Skills Practice Session(s) at which I was instructor, I feel that he/she is ready to perform each of the following skills while being monitored by a preceptor in the clinical or field rotation environment.

- IV therapy
- Phlebotomy using a Vacutainer
- Medication administration
  - Subcutaneous medication administration
  - Intramuscular medication administration
  - IV Push medication administration
- Intraosseous therapy
- Adult airway management with suctioning component (Intubation)
  - Failed Airway Techniques
- Duel lumen airway – Combitube, King LT, Laryngeal Mask Airways
- Infant Intubation
- ETCO2 device use
- CPAP
- Foley catheters and sterile technique
- Needle Chest Decompression NG/OG tubes Needle and surgical cricothyrotomy
- Medical and Trauma Patient Assessment

_____ _____

Instructor Signature **Date**

NOTICE: All AEMT/Paramedic students MUST declare their intentions as to which NREMT certifications they intend to achieve at the session where they are cleared to begin rotations. If you are an AEMT student ONLY, check AEMT below and sign. If you are a Paramedic student and are choosing to test AEMT while finishing the Paramedic program, check AEMT and sign below. If you are a Paramedic student and do NOT wish to test AEMT/Paramedic and only plan to test at Paramedic when you complete this course, check Paramedic and sign below. YOUR DECISION IS NON-REVERSIBLE AND WILL NOT BE CHANGED AFTER TODAY AND THE CHOICE MUST BE MADE TODAY AS PART OF YOUR CLEARANCE FOR ROTATIONS.

_____ AEMT Only **_____AEMT/Paramedic** **_____Paramedic Only**

_____ _____

Student Signature **Date**