



SPEMS SKILLS PROFICIENCY VERIFICATION



DATE _____ COUNTY _____ LOCATION _____

REVIEWER _____

ECA SKILLS VERIFIED
<p>Circle all that Apply</p> <p>AED</p> <p>IM Epinephrine</p>

EMT-B SKILLS VERIFIED
<p>Circle all that Apply</p> <p>AED</p> <p>IM Epinephrine</p> <p>King Airway</p>

EMT-I SKILLS VERIFIED
<p>Circle all that Apply</p> <p>AED</p> <p>IM Epinephrine</p> <p>King Airway</p> <p>EZ IO (Adult)</p> <p>EZ IO (Pediatric)</p> <p>IV</p> <p>Pleural Decompression</p> <p>ETT</p>

EMT-P SKILLS VERIFIED
<p>Circle all that Apply</p> <p>King Airway</p> <p>EZ IO (Adult)</p> <p>EZ IO (Pediatric) IV</p> <p>IV</p> <p>Pleural Decompression</p> <p>ETT</p> <p>Needle Cricothyrotomy</p> <p>Surgical Cricothyrotomy</p> <p>Defibrillation</p>