



Yolo County Emergency Medical Services Agency
AED

Revised Date: September 1, 2018

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
SKILLS COMPETENCY VERIFICATION FORM**

AED Service Provider: _____

Please complete the information below for each person whose skills were verified.

FULL NAME	EMR/EMT PUBLIC SAFETY EXPIRATION DATE	CPR EXPIRATION DATE	DATE OF SKILLS CHECK	INSTRUCTOR NAME
1.			PS:	
			CPR:	
2.			PS:	
			CPR:	
3.			PS:	
			CPR:	
4.			PS:	
			CPR:	
5.			PS:	
			CPR:	
6.			PS:	
			CPR:	
7.			PS:	
			CPR:	
8.			PS:	
			CPR:	
9.			PS:	
			CPR:	
10.			PS:	
			CPR:	

I certify that all information on this form, to the best of my knowledge, is true and correct.

Instructor Name _____

Signature _____

Date _____

*Forms and all required items may be mailed, emailed, or placed in the drop box at the address above.
The drop box is located across from the stairs and is labeled YEMSA drop box and is the preferred method!
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: