



Yolo County Emergency Medical Services Agency Certification

Revised Date: September 1, 2018

PARAMEDIC INFREQUENT SKILLS VERIFICATION FORM

Provider Agency:

Name:

Calendar Year:

Certification or License #:

Completion Date:

SKILLS VERIFICATION	DATE OF VERIFICATION	EVALUATOR INITIALS
1. Endotracheal Intubation		
2. Supraglottic Airway (Adult/Pediatric)		
3. Cardioversion/Defibrillation (Adult/Pediatric)		
4. Transcutaneous Cardiac Pacing		
5. Nasogastric (NG) & Orogastric (OG) Tubes		

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

Evaluator Signature

Date

Printed Name & Title

*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: