

**VI. APPENDIX A – PARAMEDIC SKILLS VERIFICATION FORM**

**Kern County  
Emergency Medical Services Division  
Paramedic Skills Verification**

**Cricothyrotomy:**

Date: \_\_\_\_\_ Run #: \_\_\_\_\_ # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

Indications: \_\_\_\_\_

*If Verified by Refresher Provide the following:*

Date \_\_\_\_\_ Verifying Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Thoracic Decompression:**

Date: \_\_\_\_\_ Run #: \_\_\_\_\_ # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

Indications: \_\_\_\_\_

*If Verified by Refresher Provide the following:*

Date \_\_\_\_\_ Verifying Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Endotracheal Intubation - Pediatric**

Date: \_\_\_\_\_ Run #: \_\_\_\_\_ # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

Indications: \_\_\_\_\_

*If Verified by Refresher Provide the following:*

Date \_\_\_\_\_ Verifying Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Endotracheal Intubation - Adult**

Date: \_\_\_\_\_ Run #: \_\_\_\_\_ # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

Indications: \_\_\_\_\_

*If Verified by Refresher Provide the following:*

Date \_\_\_\_\_ Verifying Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Interosseous Needle Placement:**

Date: \_\_\_\_\_ Run #: \_\_\_\_\_ # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

Indications: \_\_\_\_\_

*If Verified by Refresher Provide the following:*

Date \_\_\_\_\_ Verifying Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

Paramedic Name (Print): \_\_\_\_\_

Paramedic Signature: \_\_\_\_\_

Paramedic License #: \_\_\_\_\_ Date: \_\_\_\_\_

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EMS Coordinator Name: \_\_\_\_\_

EMS Coordinator Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_