



## MEMORANDUM

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**TO:** CONTRA COSTA COUNTY CE PROVIDERS  
CONTRA COSTA COUNTY EMS & PREHOSPITAL PROVIDERS

**FROM:** BRUCE KENAGY, PREHOSPITAL CARE COORDINATOR  
AARON DOYLE, PREHOSPITAL CARE COORDINATOR

**DATE:** JUNE 27, 2017

**SUBJECT:** NEW EMS REGULATIONS/SKILLS COMPETENCY VERIFICATION FORM  
(ADMINISTRATIVE MEMO #17-ADM-001)

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EMSA has adopted new regulations affecting EMT certificate issuance and EMT certificate renewal that will be effective **July 1, 2017**. The new regulations can be found on EMSA's website at: <http://www.emsa.ca.gov/Media/Default/Personnel%20Standards/EMT%20Regulations%207.1.17.pdf>.

One of the changes that may directly impact your service and EMT personnel is the change to the requirements for skills competency verification forms used for EMT certificate renewal. Effective July 1, 2017, EMTs renewing their EMT certificate must submit proof of skills competency verification on a new form (EMSA-SCV (01/17)). The EMS Agency will accept skills verification forms on the old (EMSA-SCV (08/10)) form if the skills were verified prior to July 1, 2017. Any skills forms completed on July 1, 2017 or later, must be on the new form. The new form is attached to this memorandum for your information and review.

As a reminder, skills competency shall be verified by direct observation of an actual or simulated patient contact and shall be verified only by an individual who is currently certified or licensed as a California EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who is designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Hospitals or clinics that are not an approved CE provider are not authorized to verify EMT skills competency.

Questions regarding the new regulations or the new skills competency verification form should be directed to Betsy Slavinsky, BLS Coordinator, EMS Personnel Standards Unit, Emergency Medical Services Authority, at (916) 431-3717 or at [betsy.slavensky@emsa.ca.gov](mailto:betsy.slavensky@emsa.ca.gov).

Questions regarding EMT certificate issuance or renewal, or Agency policies and procedures for issuance and renewal of EMT certificates, should be directed to the EMS Agency's Professional Standards Program at (925) 646-4690.



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See attached for instructions for completion

**This section is to be filled out by the EMT whose skills are being verified:**

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
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**This section is to be filled out by an approved Verifier** (see instructions for information on approved Verifiers).

By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
<b>1. Trauma Assessment</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>2. Medical Assessment</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>3. Bag-Valve-Mask Ventilation</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>4. Oxygen Administration</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>5. Cardiac Arrest Management w/ AED</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>6. Hemorrhage Control &amp; Shock Management</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>7. Spinal Motion Restriction- Supine &amp; Seated</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>8. Penetrating Chest Injury</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>9. Epinephrine &amp; Naloxone Administration</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
<b>10. Childbirth &amp; Neonatal Resuscitation</b>  (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:



## INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.
4. **Verification of Competency**

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- a. Sign the EMT Skills Competency Verification Form for that skill.
  - b. Print their name on the EMT Skills Competency Verification Form for that skill.
  - c. Enter the date that the individual demonstrated the competency of the skill.
  - d. Provide the name of the organization that has approved them to verify skills.
  - e. Provide their certification or license type and number.
5. In order to be an **approved skills verifier** you must meet the following qualifications:
    - a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
    - b. Be approved to verify by:
      - EMT training program, or
      - AEMT training program, or
      - Paramedic training program, or
      - Continuing education providers, or
      - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).