

Instructor Verification Form: State of Alaska AEMT Transition Medications, Administration Routes, and Special Procedures

Name: _____

Certification Number: _____

(See page 2 for Group Completion Verification)

AK Transition Course Number: _____

Instructor Name/Signature: _____

EMT-1 Medication Knowledge and Application [This may also be completed in DHSS Moodle Course(s)]	Instructor Signature (can also be verification of completion in Moodle)	Date
Specific vaccination approved by medical direction		
Chemical hazardous materials antidote (auto-injector)		
Epinephrine IM from a vial or ampule for anaphylaxis		
EMT-2 Medication Knowledge and Application [This may also be completed in DHSS Moodle Course(s)]	Instructor Signature	Date
D-10		
TXA via Intravenous Infusion		
Diphenhydramine		
Ondansetron		
Epinephrine 0.1mg/ml (1mg:10ml) for cardiac arrest		
IO Lidocaine		
EMT-3 Medication Knowledge and Application [This may also be completed in DHSS Moodle Course(s)]	Instructor Signature	Date
Opioids - All		
Antiarrhythmics – (ILCOR approved)		
Atropine		
Epinephrine for severe asthma		
EMT-3 Skills (Psychomotor)	Instructor Signature	Date
12 lead Interpretation		
Synchronized Cardioversion		
Transcutaneous Pacing		
AEMT Medication Knowledge and Application	Instructor Signature	Date
Adenosine		
Ketamine- Excited Delirium only		
Magnesium Sulfate- asthma, eclampsia, <i>Torsades de Pointes</i> only		
Benzodiazepine- seizures only		

Instructor Verification Form: State of Alaska AEMT Transition Medications, Administration Routes, and Special Procedures

(Option- Use this page for Group Completion Submission)

The following persons adequately demonstrated the above listed skills on the following date(s):

Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____
Name: _____	Certification Number: _____	Date: _____

AK Transition Course Number: _____

Instructor Name/Signature: _____