|  |
| --- |
| **Skills Verification****Instructions:** All skills must be verified by an instructor certified to provide care or certified to instruct at the level for which theapplicant is applying for recertification. The verification attests that, on the date specified, the applicant performed the skill in a manner which was consistent with the department-approved skill sheets as applicable. |
| **Name of Applicant** | **Certification Number** |  |
|  |  |
| **Skill** | **Date** | **Skills must be verified by an AK-certified Instructor:** |
| **EMT-1 Skills** |  |
| Assessment of Blood Pressure, Pulse, Respiration, and Skin |  |  |
| Physical Assessment - Medical **(Includes treatment at highest level of certification)** |  |  |
| Physical Assessment -Trauma **(Includes treatment at highest level of certification)** |  |  |
| External Bleeding Control |  |  |
| Basic Shock Treatment |  |  |
| Spinal Immobilization - Supine Patient or Traction Splinting |  |  |
| Administration of Supplemental Oxygen |  |  |
| Oral Suctioning |  |  |
| Bag-Valve-Mask **(Two Rescuer)** |  |  |
| Oropharyngeal Airway Insertion – Adult |  |  |
| Oropharyngeal Airway Insertion – Child |  |  |
| **EMT-2 Skills (In addition to EMT-1 skills listed above)** |  |
| Supraglottic airway device |  |  |
| IV Access |  |  |
| Administration of IV Medications |  |  |
| **EMT-3 and AK AEMT Skills (In addition to EMT-1 and EMT-2 skills listed above)** |  |
| EMT-3 Lethal Arrhythmia Treatment |  |  |
| EMT-3 Cardiac Arrest Treatment |  |  |
| **Legend of Instructor Signatures**

|  |  |
| --- | --- |
| **Printed Name** | **Signature** |
|  |  |
|  |  |
|  |  |
|  |  |

Form 06-1415 Rev. 05/2021 |  |  |