

Connecticut Department of Public Health **Office of Emergency Medical Services**



EMS Skills Verification Certificate

For recertification – Not valid for initial certification

Participant Information	on				
Name:					
Level of Provider:	□ EMR	□ EMT	☐ Advanced EMT		☐ Paramedic
EMS Certification #				Expiration:	
Skill Session Informat	ion				
Date:					
Location					
				In the state of ENAC 1.11	1
Instructor/Physician:				Instructor EMS-I #:	
Skills Verified – Mark	skills validated in this se	ssion. Strike out those	not validated.		
	Skill	EMR	EMT	AEMT	Paramedic
Medical Assessment &					
Trauma Assessment 8					
Airway Management					
Cardiac Arrest w/AED (All ages)					
Hemorrhage Control & Shock Management					
Spinal Motion Restriction		N/A			
Splinting, Simple and Traction		N/A			
IV Therapy		N/A	N/A		
IO Therapy		N/A	N/A		
IV/IO Medication Administration		N/A	N/A		
Advanced Airway Devices		N/A	N/A		
Advanced Cardiac Care (megacode, etc)		N/A	N/A		
-					
Contification					
Certification					
Instructor	I certify that this is a true and accurate record of the above named person completing a verification of EMS skills as listed above. EMR and EMT skills may be verified by a certified EMS instructor or physician medical director through call review, scenario practice, laboratory or skills exam.				
Signature		·			
Physician (for AEMT and Paramedics)	I certify that this is a true and accurate record of the above named person completing a verification of EMS skills as listed above. AEMT and paramedic skills may only be verified by a physician medical director or their designee.				
Signature	Date:				
Participant	I certify that this is a true and accurate record of my participation in a skills verification. I will maintain a copy of this certificate for audit by the Department of Public Health, Office of Emergency Medical Services, and will upload a copy to my NREMT.org training portal (when available).				
Signature				Date:	

 \square Check when entered in NREMT.org