Connecticut Department of Public Health
Office of Emergency Medical Services

EMS Skills Verification Certificate
For recertification – Not valid for initial certification

Do not upload to OEMS - Keep in your personal files

Participant Information				
Name:				
Level of Provider:	☐ EMR	☐ EMT	☐ Advanced EMT	☐ Paramedic
EMS Certification #			Expiration:	

Skill Session Information	
Date:	
Location	
Instructor/Physician:	Instructor EMS-I #:

Skills Verified – Mark skills validated in this session. Strike out those not validated.

Skill	EMR	EMT	AEMT	Paramedic
Medical Assessment & Management				
Trauma Assessment & Management				
Airway Management & Ventilation				
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		

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:

☐ Check when entered in NREMT.org

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