



Our Town EMS

Yearly Skills Check-Off

Instructions:

- ✚ The Department Training Officer shall conduct yearly skills check off of every member of the department according to his or her Certification Level. We suggest using the NREMT skills sheets for this purpose. The downloadable forms can be found on the NREMT website at: www.nremt.org/EMTServices/exam_coord_man.asp?secID=1#BSkillSheets
- ✚ The evaluations shall be maintained in each provider’s records with the Department.
- ✚ Certification of each provider’s successful completion shall be documented on the Yearly Skills Check-Off form and forwarded to EMS-MD™.COM. Each provider’s name and identification number shall be included in the report.

The Department further certifies that:

- ✍ _____ Malpractice insurance is in full and uninterrupted coverage for the Medical Director and Department.
- ✍ _____ Every provider has met the State requirements for ongoing Continuing Education.
- ✍ _____ Every provider certification has been verified and is in good standing with the State.
- ✍ _____ There has been no threatened litigation since the last Skills Check-Off.

Name _____ Signature _____

Title _____ Date _____

