



TRAINING, CME AND SKILLS MAINTENANCE DOCUMENTATION

This form may be used for the documentation of ~~initial training, Continuing Medical Education (CME), Ongoing Training and Evaluation Program (OTEP)~~, and skills maintenance for all EMS certification levels to include EMTs with IV and/or SGA special skills, AEMT and Paramedics.

The documentation and retention of original training completion documents is the responsibility of each certified individual. Complete a separate form for each of the following educational areas: (A) Initial Training, (B) CME, (C) OTEP, or (D) Skills maintenance.

(Name) _____ has successfully completed:

~~A. A _____ Hour Department-approved Initial Training Course for _____~~

~~B. _____ Hours of MPD-approved CME on _____~~

C. OTEP/CME—skills completion- MSO/CES/TO initial on the line for each level of EMS certification, verifying the individual named above is competent in skills for their level of certification.

EMR- All WA EMR skills and addendum; **EMT-** All WA EMR/EMT skills and addendum (but not special skills); **PM-**All WA EMR & EMT skills and addendums, and NREMT skills sheets.

(e.g. EMR only at EMR level, EMT at EMR & EMT level, EMT special skill ONLY if currently endorsed for that skill, PM- all)

_____ EMR level

_____ EMT level _____ EMT- IV _____ EMT- SGA

_____ PM level

~~*D. _____ Intubations _____ SGA _____ IV Insertions _____ Other, list: _____~~

Comments:

This is ONLY for purposes for verification for ESE Renewal only. It is NOT for purposes of EMS recertification.

NOTE: Required Signatures: (A)-MPD Delegate, SEI (BLS) or MPD approved AEMT/PM instructor. (B)- MPD/delegate or CME instructor. (C)- MPD/delegate, OTEP Instructor (didactic), or EMS evaluator (skills). (D)- MPD/delegate or EMS Evaluator.

_____ Printed Name

_____ Signature

_____ Completion Date

_____ Phone Number

*Enter number completed and "H" for Human or "M" for Mannequin