

# PIERCE COUNTY EMS – OTEP – RECERTIFICATION DOCUMENTATION

NAME: \_\_\_\_\_ EMS#: \_\_\_\_\_ CERTIFICATION: EMR \_\_\_ EMT \_\_\_ AEMT \_\_\_ PM \_\_\_

PERIOD BEGINS: \_\_\_\_\_ PERIOD ENDS: \_\_\_\_\_ AGENCY: \_\_\_\_\_

① Required at least once during certification period by WAC, but attendance at OTEP must be Ongoing monthly throughout entire certification period to maintain knowledge/skills level.      CERTIFICATION YEAR      CERTIFICATION YEAR      CERTIFICATION YEAR

- @ \* Alternate topics every other year, but one or other required annually by WAC.
- % \* Alternate topics every other year, but one or other required annually by WAC.
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CLASS LECTURE TITLE	DATE	INSTRUCTOR SIGN	score	DATE	INSTRUCTOR SIGN	score	DATE	INSTRUCTOR SIGN	score
HEMORRHAGE & SHOCK ①									
TRAUMA PATIENT ASSESSMENT @ *									
PEDIATRIC TRAUMA & PATIENT ASSESSMENT ①									
SOFT TISSUE & EXTREMITY INJURIES ①									
CARDIAC: ADULT BCLS/AED/AWY ALS=ACLS % *									
HEAD & SPINE INJURIES w/ EXTRICATION/SMR & *									
ENVIRONMENTAL EMERGENCIES ①									
SKILLS MAKE-UP-TRAUMA MCI/TRIAGE									
CHEST & ABDOMINAL INJURIES ①									
OB/GYN EMERGENCIES ①									
INFECTIOUS DISEASE PREVENTION ①									
GERIATRIC PATIENT CONSIDERATIONS ①									
RESPIRATORY/ALLERGIC EMERGENCIES ①									
MEDICAL PATIENT ASSESSMENT @ *									
PHARMACOLOGY ①									
ALTERED MENTAL STATUS/NEURO EMER. ①									
CARDIAC:PEDIATRIC BCLS/AED/AWY ALS=PALS %*									
ENDOCRINE SYSTEM EMER & ABDOMINAL PAIN ①									
PATIENTS with SPECIAL NEEDS CONSIDERATIONS w/ MEDICAL EXTRICATION & *									
BEHAVIORAL EMERGENCIES/OVERDOSE ①									
PEDIATRIC MEDICAL & PATIENT ASSESSMENT ①									
MEDICAL/LEGAL ISSUES & REPORT WRITING ①									
SKILLS MAKE-UP-MEDICAL MCI/TRIAGE									
Substitute PRN:									
Substitute PRN:									

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

CERTIFICATION YEAR

CERTIFICATION YEAR

CERTIFICATION YEAR

SKILLS	CERTIFICATION YEAR		CERTIFICATION YEAR		CERTIFICATION YEAR	
	DATE	EVAL SIGN & PH#	DATE	EVAL SIGN & PH#	DATE	EVAL SIGN & PH#
Patient Assessment (Trauma or Medical)						
Cardiac Arrest Mgmt/AED- 1& 2 person infant,child,adult CPR						
Obstructed Airway- Conscious & Unconscious: infant,child,adult						
Oral/Nasal Airways/SGAs/ETs/Suction						
BVM Ventilation of an Apneic Patient						
Oxygen Administration						
CPAP Ventilatory Management						
ECG Acquisition						
Bleeding Control & Shock Management						
Immobilization Skills-Long Bone						
Immobilization Skills-Joint Injury						
Immobilization Skills-Traction Splint						
Spinal Immobilization-Lying Pt. infant, child, adult, geriatric						
Spinal Immobilization-Seated Pt. infant, child, adult, geriatric						
Medical Extrication infant, child, adult, geriatric						
Spinal Motion Restriction infant, child, adult, geriatric						
Pediatric Respiratory Compromise (AEMT/PM)						
Pediatric IO Infusion (AEMT/PM)						
IV Therapy (AEMT/PM)						
IV Bolus Medication (AEMT/PM)						
Aspirin Administration						
Epinephrine Administration Autoinjector & IM via Amp/Vial						
Naloxone (Narcan) Administration						
Nitroglycerin Administration						
MARK 1/DuoDote NAAK						

**ADDITIONAL CME**

TOPIC	DATE	INSTR SIGN & PH#	TOPIC	DATE	INSTR SIGN & PH#	TOPIC	DATE	INSTR SIGN & PH#