

Enclosure 07
EMT Skills Remediation Form

Candidate's Name (please print): _____ CIS # _____

Section One: Cardio-Respiratory Skills

(Per Current AHA Guidelines)

Date Mastered Instructor Initials

Rescue Breathing: (Adult / Child / Infant) _____

Foreign Body Airway Obstruction (Infant) _____

Foreign Body Airway Obstruction (Adult / Child) _____

CPR – Infant (One and Two Rescuer) _____

CPR – Adult / Child (One and Two Rescuer) _____

Automated External Defibrillator _____

Section Two: EMT Skills

(Must use current NREMT skill check sheets)

Patient Assessment – Trauma _____

Patient Assessment – Medical _____

Oxygen Administration by NRB _____

Bag-Valve-Mask Ventilation _____

Supraglottic Airway Device (LMA/King Airway) _____

Cardiac Arrest, CPR and AED _____

Bleeding Control-Shock Management _____

Joint Immobilization _____

Long Bone Immobilization (Radius/Ulna) _____

Spinal Immobilization – Seated _____

Spinal Immobilization – Supine _____

Section Three: Candidates Verification of Competency in All Skills

Candidate: I verify that I have been ***taught, tested and found competent*** in all skills listed on this Enclosure 7.

Candidate's Signature and Date: _____

Instructor: I verify that I have ***taught, tested and found competent*** this student in all skills listed on this Enclosure 7.

Instructor's Signature and Date: _____

NOTE: This original form must be sent to DHEC along with a letter (on letterhead) from the training institution's Program Coordinator attesting to the remediation.