



CHECK TRAINING LEVEL	
<input type="checkbox"/> PSFA	<input type="checkbox"/> EMR

Public Safety First Aid/Emergency Medical Responder Skills Exam/Competency Verification Form

Student Name:	Student Card # (if applicable):		
I certify under the penalty of perjury that the information on this form is accurate.	Student Signature:	Date	Unit

Check this box if one proctor verified all skills. The Skills Proctor's name, certification/license number, and date of the test may be filled out **once** if the information is the same. The Skills Proctor must sign after each skill verifying competence.

SKILL	VERIFICATION OF COMPETENCY	
PATIENT EXAMINATION, TRAUMA PATIENT <i>Skill #1: Patient Assessment, Trauma</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
PATIENT EXAMINATION, MEDICAL PATIENT <i>Skill #2: Patient Assessment, Medical</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
AIRWAY EMERGENCIES <i>Skill #3: Upper Airway Adjuncts and Suction</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
BREATHING EMERGENCIES) <i>Skill #4: Bag-Valve-Mask Apneic Patient</i> <i>Skill #5: Oxygen Administration</i> <i>Skill #6: Mouth-to-Mask with Supplemental O2</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
CPR AND AED <i>Skill #7: Cardiac Arrest Management/AED</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
CIRCULATION EMERGENCIES <i>Skill #8: Bleeding Control/Shock Management</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
NEUROLOGICAL EMERGENCIES <i>Skill #9 Spinal Immobilization Supine Patient</i> <i>Skill #10: Spinal Immobilization Seated Patient</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
SOFT TISSUE INJURY <i>Skill #11: Unattached Avulsion or Amputation</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
MUSCULOSKELETAL INJURY <i>Skill #12: Long Bone Immobilization</i> <i>Skill #13: Joint Dislocation Injury</i> <i>Skill #14 Traction Splinting</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:
OBSTETRICAL EMERGENCIES <i>Skill #15: Pre-hospital Childbirth (CA Req.)</i>	Skills Proctor:	Date:
	Proctor Certificate or License Number:	Signature:

EMR classes:
 PSFA classes:

All 10 skill categories
 Ten Skills: Skill #'s 1, 4, 5, 6, 7, 8, 9, 11, 12, and 13



EMS SKILLS EXAM/COMPETENCY VERIFICATION FORM

INSTRUCTIONS FOR COMPLETION

A completed Public Safety First Aid (PSFA)/Emergency Medical Responder (EMR) Skills Exam/Competency Verification (EMS-704) is required to accompany all applicable EMS applications.

1. Training Level

- Check the appropriate box for the EMS training level you are demonstrating skills competency: PSFA or EMR. [EMTs use the EMSA SCV (08/10) form]

2. Name of Student

- Provide the complete name, last name first, as it appears on your EMS card

3. Student Signature

- Sign, verifying that competency in the skills have been demonstrated in the presence of a qualified Skills Proctor

4. Approving CAL FIRE Unit/Program

- Provide the name of the CAL FIRE Unit/Program the individual completed the skills competency through

5. Verification of Competency

- Check the appropriate box
- Enter the date the individual demonstrates competency in each skill
- Print the name of the Skills Proctor who is verifying competency
- Once competency is demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the Skills Proctor shall sign off on the demonstrated skill
 - PSFA and/or EMR Skills Proctors shall be at an EMT certification level or higher. CAL FIRE Skills Proctors must be approved and application on file with the Unit/Program Training Officer
- Skills Proctors must provide their certification or license number on form

Verification of skills competency shall be valid to apply for EMS recertification for a maximum of two years from the date of competency verification.