



**Yolo County Emergency Medical Services Agency**  
 Certification

Revised Date: August 8, 2019

**PARAMEDIC INFREQUENT SKILLS VERIFICATION FORM**

Provider Agency:

Name:

Calendar Year:

Certification or License #:

Completion Date:

SKILLS VERIFICATION	DATE OF VERIFICATION	EVALUATOR INITIALS
1. Endotracheal Intubation		
2. Supraglottic Airway (Adult/Pediatric)		
3. Cardioversion/Defibrillation (Adult/Pediatric)		
4. Transcutaneous Cardiac Pacing		
5. Nasogastric (NG) & Orogastric (OG) Tubes		

I certify all information on this form, to the best of my knowledge, is true and correct.

Evaluator Signature

Date

Printed Name & Title

*This form and **all** required items may be mailed or emailed.*

*If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: