



# Yolo County Emergency Medical Services Agency Certification

Revised Date: August 8, 2019

## PARAMEDIC INTUBATION VERIFICATION FORM

Completion of this skills competency verification form is required for any Paramedic seeking re-accreditation in Yolo County. This form must be completed by the employing agency.

Paramedic Name: \_\_\_\_\_ License #: P \_\_\_\_\_ has successfully demonstrated proficiency in eight (8) intubations within the last two (2) years, (four [4] per year). These intubations can be any combination of live, sim man, or mannequin.

**\*Intubation Verifications:**

#	Date of Intubation	Size	Type	Successful	Evaluator Initials
1		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8		<input type="checkbox"/> Adult	<input type="checkbox"/> Live <input type="checkbox"/> Sim Man <input type="checkbox"/> Mannequin	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*\* Intubation verification may be audited by Yolo County Emergency Medical Services Agency (YEMSA) staff at any time.*

**Employment Verification:**

The above named Paramedic is employed with \_\_\_\_\_ and is in good standing.  
(Provider Agency Name)

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

**Provider Agency Representative**

\_\_\_\_\_  
Signature
Date

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.

<b>YEMSA USE ONLY</b>			
Received:	Reviewed by:	Approved by:	Updated: