



**Yolo County Emergency Medical Services Agency**  
AED

Revised Date: July 15, 2019

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)  
SKILLS COMPETENCY VERIFICATION FORM**

AED Service Provider: \_\_\_\_\_

Please complete the information below for each person whose skills were verified.

FULL NAME	EMR/EMT PUBLIC SAFETY EXPIRATION DATE	CPR EXPIRATION DATE	DATE OF SKILLS CHECK	INSTRUCTOR NAME
1.			PS:	
			CPR:	
2.			PS:	
			CPR:	
3.			PS:	
			CPR:	
4.			PS:	
			CPR:	
5.			PS:	
			CPR:	
6.			PS:	
			CPR:	
7.			PS:	
			CPR:	
8.			PS:	
			CPR:	
9.			PS:	
			CPR:	
10.			PS:	
			CPR:	

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

*Instructor Name* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

This application 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: