SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE COMPETENCY DOCUMENTATION RECORD

EMT Optional Scope Service Provider Agency:

Calendar Year:

Instructor's Name: Instructor's Signature:

Skill Competency Verification:

❑ Supraglottic Airway

Skills Competency Documentation

Last Name	First Name	EMT #	Skills Check Date	Instructors Initials

*This record 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.