



Yolo County Health & Human Services Agency



Douglas Brim
EMS Administrator

John S. Rose, MD, FACEP
Medical Director

DATE: June 24, 2022

TO: Yolo County EMS Providers and Agencies

FROM: Yolo County EMS Agency

RE: Termination of COVID-19 Pandemic Waivers for EMT Recertification

MEMORANDUM

Per the CA Emergency Medical Services Authority all prior waivers associated with EMS personnel licensing, certification, training, and testing shall remain in effect only until June 30, 2022; at which time they will be terminated. This will include expiration of the waived requirement for completion of the EMT Skills Verification form (attached) for EMT recertification.

If you wish to apply for recertification prior to expiration of the waiver and without completing an EMT Skills Verification Form, you will need to submit your application and associated paperwork to Yolo County EMS Agency by close of business on June 28, 2022. This deadline will allow time to verify the documentation submitted, assist those whose submission is incorrect or incomplete and then process the application with the CA EMS Authority by the June 30, 2022 deadline. Renewal applications received after June 28, 2022 may not be processed before expiration of the waiver. All EMT recertification applications processed after June 30, 2022 will require a completed EMT Skills Verification form.

If you have any questions concerning this memo, please contact Terry Weisser at (530) 666-8615 or email him at terry.weisser@yolocounty.org.



See attached for instructions for completion

This section is to be filled out by the EMT whose skills are being verified:

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
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This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers).

By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
1. Trauma Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
2. Medical Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
3. Bag-Valve-Mask Ventilation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
4. Oxygen Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
5. Cardiac Arrest Management w/ AED (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
6. Hemorrhage Control & Shock Management (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
7. Spinal Motion Restriction- Supine & Seated (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
8. Penetrating Chest Injury (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
9. Epinephrine & Naloxone Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
10. Childbirth & Neonatal Resuscitation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:



INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.
4. **Verification of Competency**

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- a. Sign the EMT Skills Competency Verification Form for that skill.
 - b. Print their name on the EMT Skills Competency Verification Form for that skill.
 - c. Enter the date that the individual demonstrated the competency of the skill.
 - d. Provide the name of the organization that has approved them to verify skills.
 - e. Provide their certification or license type and number.
5. In order to be an **approved skills verifier** you must meet the following qualifications:
 - a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
 - b. Be approved to verify by:
 - EMT training program, or
 - AEMT training program, or
 - Paramedic training program, or
 - Continuing education providers, or
 - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).