



ROCCO V. MORANDO BUILDING
6610 BUSCH BLVD.
P.O. BOX 29233
COLUMBUS, OHIO 43229

(614) 888-4484
www.nremt.org

EMT-Basic Statement of Skills Competency

Today's Date: _____

Application: _____

Applicant: _____

As the **EMT-Basic** Training Program Director or Service Director of training/operations, I verify that _____ has been examined and performed satisfactorily so as to be deemed competent in the following skills:

Patient Assessment/Management-Trauma
Patient Assessment/Management-Medical
Cardiac Arrest Management/AED
Bleeding Control/Shock Management
Bag-Valve-Mask Apneic Patient
Supplemental Oxygen Administration
Upper Airway Adjuncts and Suction

Mouth-to-Mask with Supplemental Oxygen
Spinal Immobilization Supine Patient
Spinal Immobilization Seated Patient
Long Bone Immobilization
Joint Dislocation Immobilization
Traction Splinting

Practical Skills Examination Date: _____ (mm/yyyy)

Signature: _____

Date: _____

Name(Print): _____

Title(Print): _____

Telephone: _____