



## EMT SKILLS COMPETENCY VERIFICATION PROCESS

---

### I. AUTHORITY:

*Health & Safety Code, Division 2.5, Section 1797.220 and 1798; Title 22, Division 9, Section 100080(5).*

### II. APPLICATION:

The purpose of this policy is to establish a process for operationalizing the verification of Emergency Medical Technician (EMT) skills competency

### III. POLICY:

A. The following types of organizations are authorized to verify skills competency:

1. Local EMS agency (LEMSA)-approved training programs, including EMT training programs, paramedic training programs and EMS continuing education providers; and
2. EMS providers, including public safety agencies, private ambulance providers, and other locally-authorized EMS providers.

B. Authorized organizations may designate individuals currently Orange County certified or accredited as an EMT, paramedic, MICN, flight nurse or other Registered Nurse working for an Orange County provider or physician licensed in the State of California to verify EMT skills competency.

1. ONLY employees of the authorized organization with certificates or licenses in good standing are eligible for designation by the organization.

C. Authorized organizations shall maintain lists of current agency-approved skills signers.

1. Certifying entities who authorize their skills verifiers to sign off skills for EMTs outside of their organization must maintain a list of current agency-approved skills signers.

### IV. CRITERIA:

A. Individual EMT skills shall only be verified using the state-approved EMSA form (SCV 8/10, Attachment B).

B. Orange County EMS will ONLY accept the most current state-approved EMSA skills verification form with signatures for EACH skill verifying competency. The affiliation and certification/license number of the skills verifier must be present for each skill signed.

C. Any skills verification form that does not contain the signature, printed name, affiliation and/or license number of the person for each skill verified, will result in a denial in processing of the certificate or accreditation.



**EMT SKILLS COMPETENCY VERIFICATION PROCESS**

---

**Approved:**

A handwritten signature in blue ink, appearing to read "S Stratton".

Sam J. Stratton, MD, MPH  
OCEMS Medical Director

A handwritten signature in black ink, appearing to read "McConnell".

Tammi McConnell, MSN, RN  
OCEMS Administrator

Original Date: 9/2/2014  
Reviewed Date(s): 9/2/2014  
Revised Date(s): 9/2/2014; 4/1/2015; 11/1/2016  
Effective Date: 11/1/2016