

Susquehanna Regional EMS Council, Inc.  
**CME SKILLS EVALUATION SHEET**

NAME: \_\_\_\_\_ EMT# \_\_\_\_\_ LEVEL: EMT-B/ EMT-I/ EMT-CC/ EMT-P  
 (CIRCLE ONE)

DATE: \_\_\_\_\_

**Skills Evaluation**

SKILL	A= adult P= peds	# of Attempt	# of Successful	Evaluator Signature/title
<b>Airway management (#Required)</b>				
A. Adult ET (2 successful)				
B. Pediatric ET (2)				
C. Digital ET (2)				
D. LMA (2)				
E. Needle Chest Dec. (CC/P only) (2)				
F. Needle Cricothyrotomy (P only) (2)				
<b>IV Therapy</b>				
A. Peripheral IV Line (2)				
B. External Jugular Vein Access (2)				
C. Intraosseous Access (P only) (2)				
<b>Medication Administration (EMT-CC/P only)</b>				
A. IV Push (2)				
B. IV Drip (2)				
C. Endotracheal (2)				
D. Intramuscular (IM) (2)				
E. Subcutaneous (SQ) (2)				
F. Nebulizer (2)				
<b>Electrical Therapy</b>				
A. Adult Defibrillation (2)				
B. Pediatric Defibrillation (CC/P only) (2)				
C. Synchronized Cardioversion (CC/P only) (2)				
D. Transcutaneous Pacing (CC/P only) (2)				
<b>Miscellaneous Skills</b>				
A. Nasal Gastric Tube (P only) (2)				
B. Medical Incident Management - annually, all levels				
<b>Inservice Education (Topic) (Total of 6 hours)</b>	<b>DATE</b>	<b>TIME</b>	<b>Location</b>	

**BLS providers must have 2 defibrillations every six months, Albuterol, Epi Pen, ASA & Glucometry for Basics if the agency is approved for skill. All BLS must have 6 hours Didactic.**