

State of California
Advanced EMT (AEMT) Skills Competency Verification Form
EMSA-AEMT SCVF (01/07)



1a. Name as shown on AEMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. Injection (IM or SQ);	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Peripheral IV	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
3. IV Push Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Inhaled Medication	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
5. Blood Glucose Determination	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Perilaryngeal Airway Adjunct	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number