Idaho EMS Bureau
AEMT Transition Course Clinical Verification

Course Number: Course Coordinator: Course Physician: Sponsor:

					Verified competency in the following components of the Idaho EMS Education Standards				
					The Student Must:				
	First Name (Full Legal Name)	MI	Last Name (Full Legal Name)	Idaho Personnel License Number or SSN (required	Clinical Completion Date	Safely administer medications (**see comments below)	Perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain	Perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress	Perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status	Perform an adequate assessment on pediatric, adult and geriatric patients
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I verify that each of the students listed above have completed their hospital/clinical experience and are able to successfully demonstrate entry level competency in the required knowledge, skills, and professional behavior outlined in the EMS Education Standards and listed in the table above.

Course Physician Signature: _____ Date: _____

**The program and course physician establish the competency measures; for a recommended competency measurement regarding medication administration see the Idaho Education Standards.