

Level _____ Type _____ -
 Start Date _____ End Date _____
 Course # _____ Location _____



Idaho EMS Bureau

First Responder Individual Skills Proficiency Record

	Skills	Oxygen Admin.	Mouth to Mask	Airway Adjuncts / suction	BVM	Cardiac Arrest Manage (CPR)	Semi-auto external defib (AED)	Bleeding Control / shock	Spinal Immobiliz manual	Extremity immobiliz	Patient Assess Medical	Patient Assess Trauma	Baseline vital signs
Student Name		Enter the date on which the skills were successfully completed											
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I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____
 coordinator first name & coordinator last name