Level_____Type_____-
Start Date_____End Date_____
Course #_____Location_____

Idaho EMS Bureau

AEMT-A INDIVIDUAL SKILLS PROFICIENCY RECORD

	Skills	Oxygen Admin.	Mouth to Mask	BVM/ Airway Adjuncts / suction	Bleeding Control / shock	Spinal Seated & Supine	Joint/ Long Bone/ Traction Splinting	Cardiac Arrest Mgmnt / AED	Patient Assmt Medical & Trauma	Advanced Patient Assess	Epinephrine Auto Injector	I.V. Access	Tracheal Intubation	EOA or Multi-lumen airway	Medical Communications
	Student Name	**Enter the date on which the skills were successfully completed**													
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____