

SKILLSUSA PENNSYLVANIA PROOF OF TRAINING FORM

Emergency Medical Technician Competition

Failure to complete this form will disqualify the competitor from the competition. Two copies will be required. A copy shall be provided to the competition Chairperson at orientation or on the day of the competition. Review the PA State Scope for instructions. One copy should be placed in the competitor's name badge.

Competitor Name: _____

Check one: _____ Secondary _____ Post-Secondary

School: _____

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the following tools and performance of the job skills which may be included as part of the competition. Every category must be checked to be eligible to compete.

Competitors must meet the following eligibility requirements:

Open to a team of two active SkillsUSA members enrolled in Career and Technical Education programs with Emergency Medical Technician (EMT) or related fields as an occupational objective. Each state may send one high school and one college/postsecondary team. Student competitors must be enrolled in, or just have completed (within the current membership year) an EMT program in preparation for a career in emergency services (EMS), or other closely related technical, skilled, or service occupation.

Proof of Healthcare provider CPR (Competitor must show card at the competition.)

Job skills:

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|---|--|
| ____ Safety Place Patient to a Backboard | ____ Ability to use a suction unit |
| ____ Apply Splints (board, air, vacuum, traction) | ____ Ability to take patient vital signs |
| ____ Ability to apply the appropriate type of bleeding control (tourniquet or pressure Bandage) | ____ Ability to perform CPR |
| ____ Ability to assemble O2 Cylinder | ____ Ability to apply a short board (KED, OSS) |
| ____ Ability to apply O2 | |

By signing below, you confirm the Competitor is enrolled, or just completed (within the current membership year) an EMT program in preparation for a career in emergency services (EMS), or other closely related technical, skilled, or service occupation.

Instructor's signature Print name of instructor Date

Competitor's signature Print name of competitor Date

Reviewed and approved by: _____
Director/Administrator Date

One copy should be placed in the competitor's name badge.