

# AEMT COURSE COMPLETION & SKILLS VERIFICATION

**Instructions:** PRINT all areas except the SIGNATURE BLANK. This form must be legible! A form must be completed for each student.

\_\_\_\_\_, has successfully\* completed an AEMT

Course # \_\_\_\_\_ on \_\_\_\_\_. He/She demonstrated proficiency

in performing at least the following skills:

- All EMT skills (see skill verification form)
- Insertion of a King Airway
- Administration of self-administered nitrous oxide)
- Administration of all medications within scope of practice
- Initiation and maintenance of peripheral IV sites, including I/O
- Initiation and maintenance of non-medicated IV fluids

## Lead Instructor:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

## Medical Director:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**\*SUCCESSFUL COURSE COMPLETION MEANS:** As a minimum, attended all classes (or made-up classes missed) and demonstrated proficiency over program knowledge objectives.