

## EMT VERIFICATION FOR AIRWAY ENDORSEMENT

Applicant Name		
First Name	Last Name	License Number

I certify that the above-named individual is competent in the following terminal objectives regarding the EMT Airway Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice.

COGNITIVE OBJECTIVES	COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
<p>Explain the primary objective of airway maintenance. Identify commonly neglected prehospital skills related to airway.</p> <p>Identify the anatomy and functions of the upper airway.</p> <p>Describe the anatomy and functions of the lower airway.</p> <p>Explain the differences between adult and pediatric airway anatomy.</p> <p>Define normal tidal volumes for the adult, child, and infant.</p> <p>Explain the relationship between pulmonary circulation and respiration.</p> <p>List the factors which cause decreased oxygen concentrations in the blood.</p> <p>List the factors that increase and decrease carbon dioxide production in the body.</p> <p>Describe the measurement of oxygen in the blood.</p> <p>Describe the measurement of carbon dioxide in the blood.</p> <p>List the concentration of gases that comprise atmospheric air.</p>	<p>List the factors that affect respiratory rate and depth. Describe the voluntary and involuntary regulation of respiration.</p> <p>Describe causes of upper airway obstruction.</p> <p>Define normal respiratory rates for adult, child, and infant.</p> <p>Describe causes of respiratory distress.</p> <p>Describe the indications, contraindications, advantages, disadvantages, complications, equipment, and technique for using a King Airway.</p> <p>Describe the special considerations in airway management and ventilation for patients with facial injuries.</p> <p>Describe the special considerations in airway management and ventilation for the pediatric patient.</p> <p>Describe how CPAP functions</p> <p>Describe the CPAP out of hospital indications.</p> <p>Describe CPAP absolute contraindications.</p> <p>Describe CPAP relative contraindications.</p> <p>Describe CPAP hazards.</p>	<p>Perform body substance isolation (BSI) procedures during basic airway management, advanced airway management, and ventilation.</p> <p>Demonstrate ventilating a patient by the following techniques:</p> <p>One-person bag-valve-mask and Two-person bag-valve-mask.</p> <p>Ventilate a pediatric patient using the one and two-person techniques.</p> <p>Insert a King Airway.</p> <p>Ventilate a patient with a King Airway inserted.</p> <p>Set up and assist a patient with a (CPAP) device (not to exceed 10cm H2O).</p>

Signature of Medical Director	Printed Name	Date
-------------------------------	--------------	------

Montana Physician License Number

Submit your verification form to the address below.

Montana Board of Medical Examiners  
 301 S. Park Avenue, Fourth Floor  
 Helena, MT 59601  
 or  
 PO Box 200513  
 Helena, MT  
 59620-0513

If you need assistance with your endorsement verification, please contact Professional Licensing Customer Service at (406) 444-6880 or email us at [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV).