

VERIFICATION FOR AEMT MEDICATION 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 AEMT Medication Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice.

COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
<p>List and describe medications which the AEMT may administer according to protocol. Discuss special consideration regarding pregnant, pediatric, and geriatric patients. List and describe general properties of the approved medications. List and describe the liquid, solid, and gas drug forms of the approved medications. List and differentiate routes of approved medication administration to include IM, SQ, IN, IO, IV, PO, and inhalation. Describe mechanisms of approved mediations. Should this be "medications?" Discuss considerations for storing the approved mediations. Should this be "medications?"</p> <p>Review the specific anatomy and physiology pertinent to the approved medication administration.</p> <p>Calculate drug dosage for the approved medications for adults, infants, and children. Discuss legal aspects affecting medication administration. Discuss the "six rights" of drug administration and correlate these with the principles of medication asepsis and the differences between clean and sterile techniques. Describe use of antiseptics and disinfectants. Describe the used of universal precautions and body substance isolation (BSI) procedures when administering a medication. Describe the indications, equipment needed, techniques utilized, precautions, and general principles for each of the approved medications.</p>	<p>Demonstrate universal precautions and body substance isolation (BSI) procedures during medication administration. Demonstrate clean technique during medication administration of all routes. Demonstrate preparation and administration of all approved medications. Demonstrate disposal of contaminated items and sharps.</p>

Signature of Medical Director Responsible for Training Program	Printed Name	Date
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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.