

## **EMT VERIFICATION FOR EMT IV/IO INITIATION 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 IV/IO Initiation Endorsement. The course or education was conducted according to Board policies and procedures, but this form <u>does not authorize</u> <u>practice.</u>

COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation.	Use universal precautions and body substance isolation (BSI) procedures.
	Demonstrate cannulation of peripheral veins.
Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement	Demonstrate intraosseous needle placement and infusion.
and infusion in children and adults.	Demonstrate intraosseous needle placement and infusion.
	Demonstrate clean technique during medication administration.
Describe disposal of contaminated items and sharps.	Demonstrate disposal of contaminated items and sharps.
Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage.	
Differentiate between the administration of fluid in the normotensive, hypotensive, and profoundly hypotensive patient.	

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 <u>DLIBSDHELP@MT.GOV</u>.