



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

COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
State the principles of pulse oximetry State the normal values for pulse oximetry Identify conditions which can adversely affect a patient's oxygen saturation level Identify conditions which can produce erroneous readings in pulse oximetry State the principles of blood glucose testing State the normal values for blood glucose levels Identify conditions which can adversely affect a patient's glucose level Identify conditions which can produce erroneous readings in blood glucose	Demonstrate the correct application of a pulse oximetry monitoring device. Demonstrate obtaining a pulse oximetry reading. Demonstrate ability to correctly troubleshoot and correct simple problems. Appropriately obtain a blood specimen for testing purposes Obtain a blood glucose level reading Dispose of all sharps while adhering to Body Substance Isolation (BSI) procedures. Correctly troubleshoot and correct simple problems. Follow manufacturer and later developed service specific preventive maintenance procedures related to the monitoring device. Demonstrate proper safety techniques

_____	_____	_____
Signature of Lead Instructor	Printed Name	Date

Lead Instructor 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.