

**MONTANA BOARD OF MEDICAL EXAMINERS**  
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**VERIFICATION OF COURSE REQUIREMENTS AND DEMONSTRATED SKILLS FOR EMERGENCY  
MEDICAL TECHNICIAN (EMT) INTRAVENOUS/INTRAOSSEOUS (IV/IO) INITIATION ENDORSEMENT**

Applicant Name		
First Name	Last Name	License Number

At the completion of training, the EMT with this endorsement will have the knowledge and skills to cannulate peripheral veins and place intraosseous devices and initiate and maintain clear intravenous fluids (D5W, LR and NS). The IV/IO endorsement is inclusive of the IV/IO Maintenance Endorsement.

The Medical Director should be aware of their staff's educational and training history and whether there is a need for additional training to meet the current [National Emergency Medical Services \(EMS\) Education Standards](#) to comply with the Montana ECP Scope of Practice and to meet the training requirements, as listed in the most recent version of the endorsements (2025). The medical director is responsible for the quality of all endorsement training through direct participation and/or oversight.

**COURSE REQUIREMENTS**

Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation.

Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement and infusion in children and adults.

Describe 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.

**ENDORSEMENT SKILLS DEMONSTRATED DURING COURSE**

Use universal precautions and body substance isolation (BSI) procedures.

Cannulation of peripheral veins.

Intraosseous needle placement and infusion.

Clean technique during medication administration.

Disposal of contaminated items and sharps.

I certify that the above-named individual is competent in the skills for EMT IV/IO Initiation Endorsement outlined above. The Montana Department of Labor and Industry licensing staff must review and approve this document to issue an endorsement and authorize practice.

Medical Director Name: \_\_\_\_\_

Lead Instructor Name: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_

Lead Instructor Signature: \_\_\_\_\_

Montana Physician License Number: \_\_\_\_\_