



EMT VERIFICATION FOR EMT IV/IO MAINTENANCE 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 Maintenance Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice.

COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
Describe the indications, equipment needed, techniques utilized, precautions, and general principles of IV/IO infusion in children and adults.	Use universal precautions and body substance isolation (BSI) procedures.
Describe disposal of contaminated items and sharps.	Demonstrate the procedure for discontinuing an IV / IO administration.
Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage.	Demonstrate disposal of contaminated items and sharps.
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 DLIBSDHELP@MT.GOV.