

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) MAINTENANCE 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 maintain the infusion of clear intravenous fluids (D5W, LR, and NS).

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 IV/IO 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.

Procedure for discontinuing an IV / IO administration.

Disposal of contaminated items and sharps.

I certify that the above-named individual is competent in the skills for EMT IV/IO Maintenance 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: _____

Medical Director Signature: _____

Montana Physician License Number: _____

Lead Instructor Name: _____

Lead Instructor Signature: _____