MONTANA BOARD OF MEDICAL EXAMINERS PO Box 200513, 301 South Park Avenue 4th Floor Helena, Montana 59620-0513

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VERIFICATION FOR EMT MEDICATION ENDORSEMENT

I certify that the above named individual is competent in the following terminal objectives regarding the EMT Medication Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice. COGNITIVE OBJECTIVES PSYCHOMOTOR OBJECTIVES List and describe medications which the EMT may administer according to protocol. Discuss special consideration in regard to pregnant, pediatric and geriatric patients. List and describe inquid, solid, and gas drug forms of the approved medications. List and describe general properties of the approved medications. List and differentiate routes of approved medication administration. Discuss the specific anatomy and physiology pertinent to the approved medication administration. Calculate drug dosages for the approved medications for adults, infants and children. Discuss legal aspects affecting medication administration. Discuss the "ski rights" of drug administration. Discuss the limited of a proved medications and sterile techniques. Describe the use of universal precautions and body substance isolation (BSI) procedures when administration administration. Discuss the indications, equipment needed, techniques utilized, precautions, and general principles for each of the approved medications. Signature of Medical Director PRINTED Name Date Montana Physician License Number.	Student Name:	License Number:
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Montana Physician License Number	Signature of Medical Director	PRINTED Name Date
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