



Skills Review Form

Please use this form when taking an annual skills review at a facility outside of the West Penn Allegheny Health System. Please note that it is best to check prior to taking a skills review at an outside facility because not all skills review forms will be accepted.

Paramedic's Last Name _____	First Name _____	M.I. _____
Paramedic Certification # _____		Service Affiliate _____

INFORMATION BELOW TO BE COMPLETED BY EMS MEDICAL DIRECTOR AT VERIFYING FACILITY

Please be advised that Paramedic _____ has successfully completed an annual ALS Skills Review held at _____ on ____ / ____ / _____. I have checked the appropriate boxes below as to those skills reviewed during the session. If you have any questions concerning this individual please contact me at _____-_____-_____.

___ BCLS (CPR)	___ Adult Intubation
___ Infant Intubation	___ Intraosseous Infusion
___ Intravenous Infusions	___ Chest Decompression
___ Cricothyroid Membrane Puncture	___ EKG Interpretation
___ Defibrillation	___ Pacing
___ Cardioversion	___ Combi-Tube
___ Other (Please List)	

A written exam was/was not (circle) given. The above noted individual had a percentage score of _____.

Sincerely,

EMS Medical Director