



Student Name \_\_\_\_\_

### Instructor Skills Sign Off

Instruction to the evaluators for skills proficiency sign off: Once the student has demonstrated proficiency. Proficiency defined as the ability to perform a skill independently with minimal errors and without referencing their skill sheet. Please date and print your name.

Skill <b>(Please print 4 of each)</b>	Date	Evaluator (Please Print Your Name)
Oxygen administration		
Bag Valve Mask apneic Patient		
Suctioning		
Upper Airway Management		
Bleeding Control and Shock		
Patient Assessment and Management- Medical		
Patient Assessment and management- Trauma		
Joint Injury Immobilization		
Long Bone Immobilization		
Traction Splinting		
Spinal Immobilization-Supine Patient		
Spinal Immobilization- Seated Patient		
Automated External Defibrillator		
Oral Glucose Administration		
Patient Assisted Albuterol Inhaler		
Activated Charcoal Administration		
Aspirin Administration		
Epinephrine Auto Injector Administration		
Nitroglycerine Administration		
Cervical Collar		
Vital Signs		
Glucometer		

#### Isolated Skills

The isolated skills are not tested, but need to be demonstrated and practiced.

Skill <b>(Please print 1 of each)</b>	Date	Evaluator (Please Print Your Name)
Mouth to Mask		
Helmet Removal		
Scoop Stretcher		
Childbirth		
Supra-glottic Airway		