



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	Date	Evaluator (Please Print Your Name)
Oxygen administration		
Bag Valve Mask apneic Patient		
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		
Epinephrine Auto Injector Administration		
Nitroglycerine Administration		
Cervical Collar		

Isolated Skills

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

Skill	Date	Evaluator (Please Print Your Name)
Oxygen Powered Device		
Helmet Removal		
Scoop Stretcher		
Child Birth		
Advanced Airway		