SKILLSUSA PENNSYLVANIA PROOF OF TRAINING FORM

EMERGENCY MEDICAL TECHNICIAN

Note: Failure to complete this form may disqualify the competitor from the competition.

- A copy **must** be provided by uploading to the PA State Website by the posted deadline.
- Competitors registered after the posted deadline **must** supply this signed document to the State Chairperson at orientation or on the day of the competition.
- Review the PA State Scope for further instructions pertaining to this competition.

Competitor Name: _____

School: _____

Check one: ☐ Secondary ☐ Postsecondary

Please check mark that you understand and will adhere to the requirements below.

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the following tools and performance of the job skills which may be included as part of the competition. Every category must be checked to be eligible to compete.

Competitors must meet the following eligibility requirements: Open to a team of two active SkillsUSA members enrolled in Career and Technical Education programs with Emergency Medical Technician (EMT) or related fields as an occupational objective. Student competitors must be enrolled in, or just have completed (within the current membership year) an EMT program in preparation for a career in emergency services (EMS), or other closely related technical, skilled, or service occupation.

Proof of Healthcare provider CPR (Competitor must show card at the competition.)

Job skills: ☐ Ability to apply the appropriate type of bleeding control (tourniquet or pressure Bandage)

☐ Safety Place Patient to a Backboard

☐ Apply Splints (board, air, vacuum, traction)

☐ Ability to assemble O2 Cylinder

☐ Ability to apply O2

☐ Ability to use a suction unit

☐ Ability to take patient vital signs

☐ Ability to apply a short board (KED, OSS)

☐ Ability to perform CPR

By signing below, you confirm the Competitor(s) are enrolled, or just completed (within the current membership year) an EMT program in preparation for a career in emergency services (EMS), or other closely related technical, skilled, or service occupation.

By signing below, you confirm the Competitor has followed the instructions above:

_____

Instructor's signature | Print name of instructor | Date

_____

Competitor's signature | Print name of competitor | Date

Reviewed and approved by: _____

Director/Administrator Signature | Date