



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
 TRAINING ENTITY EMT-B SKILLS VERIFICATION

FOR DOH OFFICE USE ONLY-DO NOT WRITE IN THIS SPACE

TRAINING ENTITY ACCRED NO. _____	DATE FORM RECEIVED ____/____/____	DATE FORM RECEIVED ____/____/____
-------------------------------------	--------------------------------------	--------------------------------------

APPLICANT MUST COMPLETE INFORMATION BELOW

TRADE NAME OF TRAINING ENTITY	DAYTIME TELEPHONE NO.

TRAINING ENTITY BUSINESS ADDRESS (*STREET, ROUTE, CITY, STATE, ZIP*)

2. PROGRAM DIRECTOR

NAME (<i>LAST, FIRST, MI</i>)	TELEPHONE NUMBER		
MAILING ADDRESS (<i>STREET, ROUTE, PO BOX, ETC</i>)	FAX NUMBER		
CITY	STATE	ZIP CODE	E-MAIL

3. STATEMENT OF COMPETENCY IN EMT-BASIC SKILLS

As the EMT-Basic Training Program Director, I verify that the students listed have been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

- | | |
|---|--|
| Patient Assessment/Management - Trauma | Mouth-to-Mask with Supplemental Oxygen |
| Patient Assessment/Management - Medical | Spinal Immobilization Supine Patient |
| Cardiac Arrest Management/AED | Spinal Immobilization Seated Patient |
| Bleeding Control/Shock Management | Long Bone Immobilization |
| Bag-Valve-Mask Apneic Patient | Joint Dislocation Immobilization |
| Supplemental Oxygen Administration | Traction Splinting |
| Upper Airway Adjuncts and Suction | Basic Ventilatory Management EOA or Dual Lumen |

I HEREBY CERTIFY that this application contains no misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named training entity has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 2000.

SIGNATURE OF PROGRAM DIRECTOR	DATE

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri Statutes 575.060

Mail form to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102
 (R 08/07)

