

EIVISA - SCV (06/10)	back of form for instructions for completion	CALIFORNIA	
1a. Name as shown on EMT-I Certificate	1b. Certificate Number		
A - O - wife in an A - other wife .			
1c. Certifying Authority			
Skill	Verification of Competency		
1. Patient examination, trauma patient;	Affiliation	Date	
1. Fatient examination, trauma patient,	Amiauon	Date	
Ciamatura of Danaga Varifying Commeton or	Print Name	Cartification / Linear Allumbar	
Signature of Person Verifying Competency	Plint Name	Certification / License Number	
2. Patient examination, medical patient	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
3. Airway emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
4. Breathing emergencies	Affiliation	Date	
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Signature of Person Verifying Competency	Print Name	Certification / License Number	
Tight and the control of the control			
5. AED and CPR	Affiliation	Date	
o. Albana or K	7 time don		
Signature of Person Verifying Competency	Print Name	Certification / License Number	
Signature of Ferson verifying Competency	I fill Name	Certification / License Number	
C. Circulation amountains	Affiliation	Dete	
6. Circulation emergencies	Annauon	Date	
Circulture of David Navit in a Compatance	Driet Name	Cartification / Linear a Number	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
7. Neurological emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
8. Soft tissue injury	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
9. Musculoskeletal injury	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
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10. Obstetrical emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	