





**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS FORM</b>	<b>903</b>
Effective:	<b>April 2023</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

## PARAMEDIC ACCREDITATION EVALUATION FORM

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**I. PURPOSE**

This form shall be completed for each advanced life support patient contact during a paramedic's accreditation 5-call evaluation process (*See Policy 302 – Paramedic Accreditation*).

**II. AUTHORITY**

California Health and Safety Code, Title 22, Division 9, Chapter 4, Article 5 § 100166

**III. EVALUATOR SUMMARY**

Incident Date: \_\_\_\_\_ EMS Event No.: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_ Primary Impression: \_\_\_\_\_

- ALS Skills Performed:
- Vascular access                       Intubation
  - EtCO<sub>2</sub>     12-Lead ECG
  - Needle decompression    Pacing/ defib/ cardioversion
  - Valsalva maneuver                       Medication(s) \_\_\_\_\_

FTO Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
FTO Name

\_\_\_\_\_  
FTO Signature