PARAMEDIC ACCREDITATION EVALUATION FORM

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
☐ EtCO2 ☐ 12-Lead ECG
☐ Needle decompression ☐ Pacing/ defib/ cardioversion
☐ Valsalva maneuver ☐ Medication(s) ___________________________

FTO Comments: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

_______________________________  ______________________________
Candidate Name                  Candidate Signature

_______________________________  ______________________________
FTO Name                        FTO Signature