



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS FORM	903
Effective:	April 2025
Approval: EMS Director Travis Kusman, MPH	Signed:
Approval: EMS Medical Director Greg Gilbert, MD	Signed:

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, § 100094.02

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