

**SIERRA-SACRAMENTO VALLEY EMS AGENCY  
EMT OPTIONAL SKILL**

**STATUS REPORT**

<b>EMT NAME:</b>	<b>EMT CERTIFICATION #</b>
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The following EMT status change has occurred at: \_\_\_\_\_  
Service Provider Agency

\_\_\_\_\_ 1. Is no longer affiliated as an EMT with the above-listed provider agency.

\_\_\_\_\_ 2. Has failed to maintain:

\_\_\_\_\_ EMT Certification

\_\_\_\_\_ CPR Certification

\_\_\_\_\_ Skills Proficiency for the following optional scope of practice.

- ETAD (Combitube)
- King Airway
- Epinephrine
- Mark-I / DuoDote Kit

This report was completed by:

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME AND TITLE** \_\_\_\_\_

**This form is required for optional skill accredited EMT-Is only.**

**SUBMIT REPORT TO:  
Sierra-Sacramento Valley EMS Agency  
5995 Pacific Street  
Rocklin, CA 95677**