SKILL (Check one)

- ❑ **ETAD** (Combitube™)
- ❑ **King Airway**
- ❑ **EPINEPHRINE**
- ❑ **MARK-I / DUODOTE KIT**

Reference No. 477, Addendum C

SIERRA-SACRAMENTO VALLEY EMS AGENCY

EMT OPTIONAL SKILL

_____

SERVICE PROVIDER

SKILL CHECK DOCUMENTATION RECORD

NAME Last, First, M.I.	EMT CERT EXP.	DATE OF SKILL CHECK INSTRUCTOR'S INITIALS							

_____ _____ _____ _____

Instructor's Name **Initials** **Instructor's Name** **Initials**

The information on this form must be maintained by EMT Optional Scope of Practice Service Providers.

Updated: 07/10