South Plains EMS
Skills Proficiency Form

Date: _____ **Location:** _____

PRINTED Name: _____

Certification Level (Circle one): **ECA** **EMT** **AEMT** **EMT-P** **LP**

Affiliated Services: _____

First Six-Month Period: January 1 – June 30, _____ Second Six-Month Period: July 1 – December 31, _____

ECA	AED	Epi IM							
EMT	AED	Epi IM	Air-Q 3 Airway						
AEMT	AED	Epi IM	Air-Q 3 Airway	IV	Pleural Decompression	EZ IO Adult	EZ IO Pedi	ETT	
EMT-P LP	Surgical Cric.	Needle Cric.	Air-Q 3 Airway	IV	Pleural Decompression	EZ IO Adult	EZ IO Pedi	ETT	Defibrillation

I certify that the above individual has demonstrated proficiency in the above marked skills.

Peer Review/Instructor (Print): _____ Peer Reviewer/Instructor Signature: _____

This form will be filed by the EMS Director and reported on the SPEMS Compliance Form. Revised 11/1/23