



EMT (EMERGENCY MEDICAL TECHNICIAN) SKILLS EVALUATION - SELF ASSESSMENT

Date _____

Name _____

Signature _____

Level of Proficiency

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

	A	B	C	D			A	B	C	D
Immobilization						Airway/ Oxygenation				
Splinting						Nasotracheal				
Manual stabilization						Orotracheal				
Rigid						Jaw-thrust				
Traction						Mouth to mouth				
Vacuum						Mouth to mask				
Soft						Mouth/ mask to nose				
Spinal Immobilization						Mouth/ mask to stoma				
Cervical collar						Needle cricothyroidotomy				
Long board						End tidal CO2 monitoring				
KED						BVM (Bag-valve-mask)				
Other (list):						Pulse oximeter				
						Suctioning				
Airway/ Oxygenation						Other (list):				
Oxygen therapies										
Nasal cannula						Cardiovascular/ Circulation				
Non-rebreather mask						Single lead monitoring				
Partial rebreather mask						Multi lead monitoring				
Venturi mask						CPR				
Humidifiers						MAST pants				
Simple face mask						Mechanical CPR device				
Airway						Bleeding control				
Nasal						Direct pressure				
Oral						Tourniquet				
Esophageal/ Tracheal						Pressure points				
Intubation						Cardioversion				
Lighted stylet						Carotid massage				
BiPAP										



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	A	B	C	D			A	B	C	D
Miscellaneous						Work Experience cont.				
Childbirth						Respiratory therapy				
NG gastric decompression						Urgent care				
OG gastric decompression						Intensive care unit				
Eye irrigation						NICU				
Venipuncture						Other (list):				
IV insertion and maintenance										
Thrombolytic therapy						Age Specific				
Hemodynamic monitoring						Neo-natal				
Blood glucose monitoring						Pediatrics				
Nebulized medications						Adolescents				
Intramuscular injections						Adults				
Buccal medications						Geriatrics				
IV push medications										
Sublingual medications										
EpiPen										
Blood pressure (manual and automatic)										
Other (list):										
Work Experience										
Ambulance										
Emergency department										
Long term care facility										
Critical care										

CERTIFICATION:

BCLS: Yes _____ No _____ Expiration Date: _____

ACLS: Yes _____ No _____ Expiration Date: _____

PALS: Yes _____ No _____ Expiration Date: _____

Reviewed by: _____ **Date:** _____