Idaho EMS Bureau
AEMT Transition Course Roster & Competency Verification

Course Number: Course Coordinator: Course Physician: Sponsor:

Instructions:.....

Verified competency in the following components of the Idaho Transition Instructional Guide

						Didactic Topics											Psychomotor Skills and Interventions			Technique of Medication Administration									Medication Formulary										
	First Name (Full Legal Name)	**MI**	**Last Name (Full Legal Name)**	**License Number or SSN (required information)**	**Course Completion Date**	Preparatory	Anatomy and Physiology	Pathophysiology	Life Span Development	Pharmacology	Airway Management, Respiration, and Artificial Ventilation	Patient Assessment	Medicine	Trauma	Special Patient Populations	EMS Operations	Pulse Oximetry	ATV for non-intubated patients	Intraosseous - Adult	Aerosolized (MDI)	Inhaled - patient administered (nitrous oxide)	Intramuscular (IM)	Intranasal	Intraosseous - Adult	IV Push - D50/concentrated dextrose solutions only	Nebulized (SVN)	Subcutaneous	Sub-lingual	Acetylsalicylic Acid (Aspirin) for suspected cardiac chest pain	Dextrose 50%	Dextrose, concentrated solutions	Epinephrine (Adrenalin)	Epinephrine Auto Injector	Glucagon	Inhaled Beta Agonist	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. Mark-1, Duo-Dote)	Naloxone (Narcan)	Nitroglycerin - Sublingual	Nitrous Oxide (Nitronox)
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I verify that each of the students listed above is able to successfully demonstrate the required knowledge and skills of the education standards and program objectives of the transition course as detailed on the course outline and listed in the table above.

Course Physician Signature: ______________________________ Date____________________