Idaho EMS Bureau
EMR Transition Course Roster & Competency Verification

Course Number: Course Coordinator: Course Physician: Sponsor:

Instructions:…..

	First Name (Full Legal Name)	MI	Last Name (Full Legal Name)	License Number or SSN (required information)	Course Completion Date	Verified competency in the following components of the Idaho Transition Instructional Guide														
						Didactic Topics												Psychomotor Skills and Interventions		
						Preparatory	Anatomy and Physiology	Medical Terminology	Pathophysiology	Pharmacology	Airway Management, Respiration, and Artificial Ventilation	Patient Assessment	Medicine	Shock and Resuscitation	Trauma	Special Patient Populations	EMS Operations	Hemorrhage Control - Tourniquet	Eye Irrigation	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. Mark-1, Duo-Dote) - self and peer.
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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 _____