



Instructions:.....

Idaho EMS Bureau

EMT Transition Course Roster & Competency Verification

Course Number: _____

Course Coordinator: _____

Course Physician: _____

Sponsor: _____

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

Didactic Topics																Psychomotor Skills and Interventions				
Preparatory	Anatomy and Physiology	Physiology	Life Span Development	Pharmacology	Airway Management, Respiration, and Artificial Ventilation	Patient Assessment	Medicine	Shock and Resuscitation	Trauma	Special Patient Populations	EMS Operations	ATV for non-intubated patients	Pulse Oximetry	Aspirin for chest pain	Epinephrine Auto Injector	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. Mark-1, Duo-Dote)				
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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 _____