



## Idaho EMS Bureau

### Paramedic 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									
First Name (Full Legal Name)	MI	Last Name (Full Legal Name)	License Number or SSN (required information)	Course Completion Date	Preparatory	Anatomy and Physiology	Public Health	Pharmacology	Respiration, and Artificial Ventilation	Patient Assessment	Medicine	Trauma	Special Patient Populations	EMS Operations	BIPAP	CPAP	PEEP - Therapeutic (>6cm H2O pressure)	IV Fluids	Maintenance of Medications	Fluids	Inhaled - patient administered (nitrous oxide)	IV Piggyback	Blood Chemistry Analysis	Maintenance of Blood Administration
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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 \_\_\_\_\_