West Virginia Department of Health and Human Resources
State Trauma and Emergency Care System
Office of Emergency Medical Services

Two-Year Agency ALS Recertification
Annual Skill Evaluation

Name:

Certification Number:	**Expiration Date:**

Agency:

Skills/Techniques	Year One Date	Year Two Date
Airway Management/Intubation		
Chest Decompression		
Cardiac Arrest Management		
EKG Interpretation		
Intraosseous Infusion		
Intravenous Therapy		
Needle Cricothyroidotomy		
Patient Assessment		
Medication Administration		

Verification may be based on direct observation, successful field completion, formal in-squad skill evaluations or skill stations in an ACLS or similar formal course

We hereby warrant the above named ALS provider was evaluated on the above skills on the dates indicated.

_____ Squad Medical Director Date _____	_____ Squad Training Officer Date: _____