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

CCT Biennual Skills Evaluation

Name:	**CCT Agency:**
CCT Number:	**Expiration Date:**

Skills/Techniques	Date
Advanced Chest Decompression	
Advanced Secondary Airway Devices	
Surgical Airway	
RSI/Intubation	
Ventilator Management/Capnography	
Medication Calculations	
12-Lead ECG Interpretation	
Tranvenous Pacing	
Oral Case Presentations	
* Agency Specific _____	
* Agency Specific _____	

* I.E.: IABP, Invasive Monitoring, etc. – need determined by agency and CCT Medical Director.

Verification may be based on direct observation, successful field completion or formal skills evaluation.

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

_____ _____

CCT Medical Director Squad Training Officer

Date _____ Date: _____