



Alternate Staffing For Inter-facility Transports Standardized Training

Verification of 1:1 ALS Program Completion

Name: _____

Date of completion: _____

Employed By: _____

Participant Has:	Date	Instructors Initials
Received a copy of student handouts and attachments for the 1:1 Alternate Staffing for Interfacility Transports training.		
Participated in structured simulations.		
Demonstrated competency in the following skills: <ul style="list-style-type: none"> <input type="radio"/> Insertion of an OPA <input type="radio"/> Insertion of an NPA <input type="radio"/> Oropharyngeal Suctioning <input type="radio"/> Tracheostomy Suctioning <input type="radio"/> Assist with Intubation (BVM ventilations and Ventilation of an ET Tube) <input type="radio"/> Assist with Cardiac Monitoring <input type="radio"/> Assist with Defibrillation <input type="radio"/> Placement of Electrodes for 12 lead ECG <input type="radio"/> Preparation of an IV Solution 		
Completed the Post Test.		
Completed the Program Evaluation.		
Signed the program roster which will be faxed to the EMS Agency.		

The above named employee has completed all of the requirements for participation in the Alternate Staffing for Interfacility ALS Transports (1:1) program.

Instructor (print): _____ Instructor (signature): _____

Employee Signature _____

A copy of this verification must be kept in the employee file.