

Saint Joseph County EMS Committee Guideline Requirement Verification for ALS Providers

EMPLOYEE NAME: _____

DEPARTMENT/SERVICE _____ START DATE: _____

CERTIFICATION LEVEL: _____ STATE PSID # _____

**PARAMEDIC or AEMT CANDIDATE
MUST COMPLETE REQUIREMENTS 1,2,3,4,5,
BEFORE ALLOWED TO WORK**

1. Meet Medical Directors :

A. Jason Jaronik, M.D. _____ Date: _____
B. Keith Sherry, M.D. _____ Date: _____

2. Meet EMS Coordinators:

A. Kerry Hershberger, EMT-P. _____ Date: _____
B. John McMillen, EMT-P. _____ Date: _____

3. Current ACLS Certification (Paramedic only):

Course Location _____ Date: _____

4. Receive copy from employer:

A. SJCEMSC Guidelines: _____ Date: _____
B. Medical Disaster Plan: _____ Date: _____

5. Have received, in the process of receiving, or refusing immunization against Hepatitis B. Mark, which applies, and Proof is required.

- A. Received Immunization: _____ (Attach documentation or filed with employer)
- B. In the process of Immunization: _____ Last date received: _____
- C. I refuse Immunization: _____ (Sign and Attach Declination form)

THE PARAMEDIC or AEMT CANDIDATE MUST

COMPLETE THE FOLLOWING REQUIREMENTS
WITHIN 30 DAYS OF START DATE

A. SIX (6) Successful Intravenous starts, in Hospital or SJCEMSC approved setting

Proctor Signature

- | | |
|----------|-------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |
| 6. _____ | Date: _____ |

Comments: _____

B. SIX (6) Successful Endotracheal Intubations (Paramedic only) in Hospital (ED or OR) or SJCEMSC approved setting

Proctor Signature

- | | |
|-----------------|--------------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |
| 6. _____ | Date: _____ |

Comments: _____

C. Eight (8) hours Clinical Time in each Hospital Emergency Room

- | | | |
|----------|-------------|-----------------------|
| 1. SJRMC | Date: _____ | Staff Signature _____ |
| 2. MHSB | Date: _____ | Staff Signature _____ |

D. Dialysis orientation

SJRMC renal Dept. Date: _____ Staff Signature _____

E. Megacode (Appropriate level) Pass: _____ Fail: _____ Date: _____

Signature 1: _____ Signature 2: _____

Comments: _____

(Use back side of paper if needed)

F. Megacode Retest Pass: _____ Fail: _____ Date: _____

Must be done with EMS Medical Director

Signature 1: _____ Signature 2 _____

Comments: _____

(Use back side of paper if needed)

**THE Advanced EMT & PARAMEDIC, CANDIDATE MUST
COMPLETE THE FOLLOWING REQUIREMENTS
WITHIN 90 DAYS OF START DATE OR
FIRST COURSE OFFERED IN SAINT JOSEPH COUNTY AREA**

A. Current PALS or PEPP + (resuscitation station) Certification: Paramedic

Course location: _____ Date: _____

B. Current PHTLS or ITLS Certification: Paramedic or AEMT

Course location: _____ Date: _____

**PARAMEDIC LEAD STATUS OPTION
COMPLETED AFTER PROCTORING REQUIREMENTS**

A. Guidelines Test Pass: _____ Fail: _____ Date: _____
EMS Coordinator Signature: _____

B. Disaster Test Pass: _____ Fail: _____ Date: _____
EMS Coordinator Signature: _____

C. Advanced Practical Exam Pass: _____ Fail: _____ Date: _____
EMS Coordinator Signature: _____

D. Retest Advanced Practical Exam Pass: _____ Fail: _____ Date: _____
EMS Coordinator Signature: _____

Signatures and dates must be completed for each requirement, and submitted to department EMS chief or service manager for approval before submitting a copy to EMS Coordinators. Electronic copies are acceptable and original is kept by candidate.

EMS Chief, Director, or Manager

Date: _____

Paramedic or AEMT Candidate

Date: _____