



EMS LICENSING & CERTIFICATION

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PSYCHOMOTOR VERIFICATION FORM FOR LATE RENEWAL

All information provided on this form is considered public record, except for the social security number. The candidate may upload the completed form as a PDF document and directly attach it to the online application or email to emscert@dshs.texas.gov.

Note: Verification may be conducted as a patient scenario and/or as individualized skills.

____ ECA - Patient Assessment (Medical) to include the following:

- Management of a cardiac arrest patient utilizing AED (Adult or Pedi)
- Airway Management with OPA, NPA, and BVM (Adult or Pedi)
- Bleeding Control utilizing a commercial tourniquet device. *(Individual Skill Only)

____ EMT - In addition to the above:

- Supraglottic Airway Insertion/Management *(AEMT & Paramedic exempt)
- Medication Administration (Nebulized and Epi-Auto Injector)

____ AEMT - In addition to the above:

- Endotracheal Intubation (Adult & Pedi) *(One may be individual skill)
- IV Insertion with Medication Administration

____ Paramedic - In addition to the above utilizing a cardiac monitor/defibrillator:

- Dynamic Cardiology, ACLS Guidelines (Adult or Pedi)

Candidate Name (Last, First)

EMS ID# or SS#

To Be Completed by A Texas Certified EMS Course Coordinator or EMS Course Medical Director

I verify that the proficiency of the candidate has been examined, verified, and is proficient in the assessment and management of a medical and trauma patient. Further, I attest and understand that I am accountable and responsible for the accuracy of this document and that verification was in compliance with current EMS education standards.

Printed Name

Signature

Coord# or MD#

Date