TEXAS Health and Human Services | Texas Department of State Health Services

EMS LICENSING UNIT
Mail Code 1876, PO Box 149347 Austin, Texas 78714-9347
(P) 512-834-6734

PSYCHOMOTOR VERIFICATION FORM FOR LATE RENEWAL

Revised Decemebr 2021

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 Infant)
- Airway Management with OPA, NPA, and BVM (Adult or Infant)
- Bleeding Control utilizing a commercial tourniquet device. *(Individual Skill Only)

____ EMT - In addition to the above:

- Medication Administration (Bronchodilator, Nebulized and Epi-Auto Injector)

____ AEMT - In addition to the above:

- Endotrachael Intubation (Adult & Infant) *(One may be individual skill/scenario)
- IV Insertion with Medication Administration

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

- Dynamic Cardiology, ACLS Guidelines (Adult or Infant)

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Candidate Name (Last, First) **EMS ID#**

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.

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Printed Name Signature Coord# or MD# Date