



EDUCATION AND PSYCHOMOTOR SKILLS VERIFICATION FORM FOR ADVANCED EMERGENCY MEDICAL TECHNICIAN RECIPROCITY APPLICANTS

All information on this form is public record, except for your social security number. Using your social security number is mandatory under Family Code, Chapter 232. You can upload the completed form as a PDF document, attach it in the online application or email it to emscert@dshs.texas.gov.

Education and Verification of Psychomotor Skills Performed:

- Endotracheal Intubation for Adult Patients
- Endotracheal Intubation for Infant Patients

Applicant's Name

Applicant's SS#

Attestation:

I attest the applicant received the necessary education and training regarding endotracheal intubation for adult and pediatric patients. In addition, the applicant successfully demonstrated proficiency in the endotracheal intubation of both, adult and pediatric patients.

Further, I attest and understand I am accountable and responsible for the accuracy of this document and verification complies with current national EMS education standards.

**Advanced Coordinator Name or
Physician Medical Director (Signed)**

Date

**Advanced Coordinator Name or
Physician Medical Director (Printed)**

**Advanced Course Coordinator or Physician
Medical Director ID#**