



EMS LICENSING & CERTIFICATION

Mail Code 2835, PO Box 149347 Austin, Texas 78714-9347
(P) 512-834-6734 (F) 512-834-6714

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:

- 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.

Signature

Printed Name

Coord# or MD#

Date

June 29, 2020