Riverside County EMS Agency

Skills Competency Verifier (SCVr) Attestation Form   <u>Update type</u>   Maintenance: _____   Annual: _____

For SCVr-approving program directors:

PD name		PD signature		Provider name		Provider type	

For skills competency verifier candidates:

<u>By signing my name below, I attest to the following statements:</u>

1. I have a clear understanding of REMSA Policy #1402 (*Skills Competency Verification*) and my role as a Skills Competency Verifier.
2. I have received an orientation to REMSA policies and protocols as well as REMSA Policy #4104 (*Skills List*) and all associated skills verification forms and sheets.

Name: Last, First	License / Certification		Status			Approved to Verify		Date	SCVr Signature (**BLUE** INK)
	Number	Expiration							
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		
			Initial	Reverification	Remove	ALS	BLS		

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INSTRUCTIONS

Information may be provided either electronically (i.e., typed) or hand-written.

- Submit completed forms to emstraining@rivco.org

For SCVr-approving program directors:

Update Type:
- Maintenance: check this box for roster updates that occur after July 31 but before July 1.
- Annual: check this box for roster updates that occur during the annual reporting period (July 1 to July 31).

PD name, PD signature
First name, last name, and signature, of the SCVr-approving program director.

Provider name
Name of the organization offering the SCVr-approval course.

Provider type
Type of organization offering the SCVr-approval course. Acceptable shorthand is as follows:

Continuing education provider	**CEP**
EMS Service Provider	**EMS**
Training Program (EMT and/or EMT-P)	**TRP**

Name: Last, First
Last name and first name of the SCVr candidate.

License / Certification:
- **Number -** License or certification number (i.e., "E*XXXXXX*," "P*XXXXX*," etc.) of the SCVr candidate.
- **Expiration -** License or certification expiration date of the SCVr candidate.

Status:
- **Initial** – check this box if the SCVr candidate is training to become an SCVr for the first time.
- **Reverification** – check this box if the SCVr candidate is reverifying their SCVr status.
- **Remove** – check this box if the SCVr candidate is no longer approved / permitted to perform skill competency verification for your organization.

Approved to Verify
- **ALS** – check this box if the SCVr candidate is approved / permitted to verify ONLY ALS skill competency.
- **BLS** – check this box if the SCVr candidate is approved / permitted to verify ONLY BLS skill competency.
- **Both –** if the SCVr candidate is approved / permitted to verify BOTH ALS and BLS skills, check both boxes.

Date
Date that the SCVr candidate's status was updated (i.e., completed/reverified their SCVr status or were removed as an SCVr).

For SCVr candidates:

SCVr Signature (BLUE INK)
Signature of the SCVr candidate. Digital signatures are acceptable as long as they are legible.