

**Martin County EMS System
Scope of Practice/Skills/Oral Exam
Personnel Verification Form**

LEVEL: EMT AEMT PARAMEDIC EMD (Circle one)

TYPE: Initial Re-credential/Re-entry New to Martin County Suspension release

Name: _____

Last First Middle

SECTION I:
I verify that the above-named candidate is affiliated on a continuous basis with the above named North Carolina licensed ambulance provider or EMD center.

Date **Signature of Ranking Officer**

First Responder Agency Affiliation **(Please Print) Name/Title of ranking officer**

SECTION II:
I verify that the above-named candidate has successfully completed a performance evaluation conducted under my direction and has demonstrated, to my satisfaction, his/her ability to perform the skills and procedures consistent with the level of care.

Signature of Medical Director

Date **Name of Medical Director (Please Print)**

SECTION III:
This will verify that the Oral/Skills Review panel has examined the above-named candidate on this date. We, the undersigned, recommend that he/she be credentialed at the level consistent with the level of care tested.

Signature of Second Panel Member **Date**

Name & Title of Second Panel Member (Please print)