

WALLA WALLA COUNTY OTEP / SKILLS SIGN OFF SHEET

FIRST YEAR – REQUIRED

DATES _____ TO _____

SECOND YEAR – REQUIRED

DATES _____ TO _____

THRID YEAR – REQUIRED

DATES _____ TO _____

COURSE / INSTRCTOR	HR	DATE	COURSE / INSTRUCTOR	HR	DATE	COURSE / INSTRUCTOR	HR	DATE
CPR / AED / I-Gel			CPR / AED / I-Gel			CPR / AED / I-Gel		
Inst.			Inst.			Inst.		
Extrication – Spinal Immobilization			Extrication – Spinal Immobilization			Extrication – Spinal Immobilization		
Inst.			Inst.			Inst.		
Pt. Assessment <input type="checkbox"/> Trauma <input type="checkbox"/> Medical <input type="checkbox"/> Peds			Pt. Assessment <input type="checkbox"/> Trauma <input type="checkbox"/> Medical <input type="checkbox"/> Peds			Pt. Assessment <input type="checkbox"/> Trauma <input type="checkbox"/> Medical <input type="checkbox"/> Peds		
Inst.			Inst.			Inst.		

REQUIRED AT LEAST ONCE DURING 3 YEAR CERTIFICATION PERIOD YEAR _____ TO YEAR _____

COURSE/INSTRUCTOR	HR	DATE	PRACTICAL SKILLS EVALUATION	INST.	DATE	PRACTICAL SKILLS EVALUATION	INST.	DATE
Infectious Disease			Pt. Assessment – Trauma			CPR – Adult 1 & 2 Person		
Inst.			Pt. Assessment – Medical			CPR – Child		
Pediatric Specific			Pt. Assessment – Pediatric			CPR – Infant		
Inst.			Oxygen Therapy, BVM, OPA			FBAO – Conscious & Unconscious Adult		
Pharmacology			KED, Backboard, Traction Splint			FBAO – Conscious & Unconscious Child		
Inst.			C-Collar, Helmet Removal			FBAO – Conscious & Unconscious Infant		
CVA / Stroke			Other Splinting & Bandaging			AED Skill Evaluation		
Inst.			Medications – NTG, MDI, ASA, Glucose			I-Gel Skill Evaluation		
Trauma Specific			Medications – EpiPen & IM Epi			<u>ONE TIME TRAINING</u> Special Needs Patients (Travis Alert)		
Inst.								

OTHER TOPICS

COURSE / INSTRCTOR	HR	DATE	COURSE / INSTRUCTOR	HR	DATE	COURSE / INSTRUCTOR	HR	DATE
Inst.			Inst.			Inst.		
Inst.			Inst.			Inst.		
Inst.			Inst.			Inst.		
Inst.			Inst.			Inst.		

RECERTIFICATION REQUIREMENTS

Washington Administrative Code 246-976-163

The EMR, EMT, and AEMT certification is valid for 3 years. You must maintain affiliation with a recognized EMS provider agency.

You must successfully complete a DOH and county MPD approved program that may include OTEP or written and practical evaluations for knowledge and skills.

In each 3 year certification period, complete and document the following required OTEP.

Annually

- CPR / AED / I-Gel
- Extrication Adult & Pediatric
- Patient Assessment

Once During Your Certification Period

- Infectious Disease
- Pediatric Topics
- Trauma Topics (*Walla Walla County Requirement*)
- CVA / Stroke (*Walla Walla County Requirement*)
- Suicide Awareness (*Walla Walla County Requirement*)

Skills Evaluations (these occur during offered OTEP courses):

- Pt. Assessment (Medical, Trauma, and Pediatric)
- Oxygen Therapy, BVM, OPA
- KED, Backboard, Traction Splinting
- C-Collars, Helmet Removal
- Other Splinting & Bandaging
- Medications (NTG, MDI, ASA, Glucose, EpiPen & IM Epi)
- CPR Adult, Child, Infant
- FBAO Adult, Child, Infant
- AED & I-Gel

State Web Site – www.doh.wa.gov/hsqa/emstrauma

DIRECTIONS FOR TRIFOLD

Write in your certification annual dates at the top of each column. Print the date of the class in the spaces provided. The instructor must sign below the class title in the space provided. You may want to print the instructors name as well if it is not a legible signature.

NATIONAL REGISTRY RECERTIFICATION

www.nremt.org

1. Recertification by Examination Option:

This option enables you to demonstrate continued cognitive competency without documenting continuing education.

Log in into your NREMT account, complete a recertification by examination application, and pay the exam fee. After 24-48 hours, log in to your NREMT account and print your Authorization to Test (ATT) letter. Follow the directions in the letter to schedule your exam. A cognitive competency by exam form will become available through your NREMT account upon successful completion of the exam. Return your completed cognitive competency by exam form by your expiration date with signatures and supporting documentation.

2. Recertification by Continuing Education Option:

Log in to your NREMT account, document your required hours of continuing education for your certification level (a refresher course or equivalent continuing education can be utilized), pay the recertification application fee, and submit your records to your Agency Representative. Once your Agency Representative approves your recertification application it will be electronically submitted to the MPD for approval.

All other recertification requirements (including criminal conviction statement, BLS-CPR for the Healthcare Provider or equivalent, verification of skills, etc.) must still be met and verified.

NREMT Recertification Brochures –
<https://www.nremt.org/nremt/about/brochuresRecertification.asp?from=policies>

KEEP THIS DOCUMENT IN A SAFE PLACE!

The Medical Program Director and/or designee is ultimately responsible and accountable for the medical content of CME/OTEP programs, their development, management, direction, training oversight and evaluation. Since EMS programs are medical ones, the leadership and involvement of the MPD are critical to their success.

Documentation of satisfactory completion of the written and practical skill evaluations, including CME/OTEP, must be kept on file for at least (4) years after each certification.

STATE OF WASHINGTON

WALLA WALLA COUNTY EMS



Individual Record of Training

Name: _____

State Registry #: _____

Address: _____

City: _____ Zip: _____

Expiration Date: Month: _____ Year: _____

*You are responsible for maintaining documentation of having completed the recertification requirements. If you are affiliated with an agency that maintains these records for you, it is **still** your responsibility to see that the records are maintained accurately.*

Walla Walla County EMS

310 W. Poplar, Suite #008

Work: (509) 524-2701

Cell: (509) 378-0386

Fax: (509) 524-2703

hlee@co.walla-walla.wa.us

Updated: 9/2018