

Medical Director Endorsement Letter for Advanced Standing

I, _____ the medical director for
(Name)

_____ acknowledge that _____
(Squad/EMS Agency) (Name of member)

is an active member under my direction and has been so for about _____ years. This member is active on the squad: (please check all that apply)

- _____ No patient care issues
- _____ Credentialed for advanced skills
- _____ Demonstrated the all of the skills checked below



<input type="checkbox"/>	Administering Nitroglycerin Spray	<input type="checkbox"/>	ECG Monitoring
<input type="checkbox"/>	Intranasal Medication Administration	<input type="checkbox"/>	Synchronized Cardioversion
<input type="checkbox"/>	Rectal Diazepam (Valium) Administration	<input type="checkbox"/>	Defibrillation
<input type="checkbox"/>	Administering Medication by MDI	<input type="checkbox"/>	Transcutaneous Pacing
<input type="checkbox"/>	ET Drug Administration	<input type="checkbox"/>	12 Lead EKG & Chest Lead Placement
<input type="checkbox"/>	Withdrawing Medication from an Ampule	<input type="checkbox"/>	Right Chest Lead Placement
<input type="checkbox"/>	Withdrawing Medication from a Vial	<input type="checkbox"/>	Posterior Chest Lead Placement
<input type="checkbox"/>	Subcutaneous Injection	<input type="checkbox"/>	Glucometer
<input type="checkbox"/>	Intramuscular Injection	<input type="checkbox"/>	Normal Delivery with Newborn Care
<input type="checkbox"/>	Peripheral Venous Access	<input type="checkbox"/>	Abnormal Delivery with Newborn Care
<input type="checkbox"/>	IV Bolus Medication	<input type="checkbox"/>	Umbilical Vein Cannulation
<input type="checkbox"/>	IVPB Medication	<input type="checkbox"/>	Care of Amputated Part
<input type="checkbox"/>	Adult Intraosseous Infusion	<input type="checkbox"/>	Care of an Impaled Object
<input type="checkbox"/>	Pediatric Intraosseous Infusion	<input type="checkbox"/>	Morgan Lens
<input type="checkbox"/>	CPAP and PEEP	<input type="checkbox"/>	Rapid Extrication
<input type="checkbox"/>	Orotracheal Intubation	<input type="checkbox"/>	Standing Takedown
<input type="checkbox"/>	Pediatric (< 2 Years) Ventilatory Management	<input type="checkbox"/>	Needle Decompression
<input type="checkbox"/>	Trauma Endotracheal Intubation Adult	<input type="checkbox"/>	Nasotracheal Intubation Adult
<input type="checkbox"/>	Nasogastric Tube Insertion	<input type="checkbox"/>	Supra-Glottic Airway Device
<input type="checkbox"/>	Needle Cricothyrotomy	<input type="checkbox"/>	Surgical Cricothyrotomy
<input type="checkbox"/>	Upper Airway Suctioning	<input type="checkbox"/>	Flow-Restricted, Oxygen-Powered Ventilation Devices
<input type="checkbox"/>	Lower Airway Suctioning	<input type="checkbox"/>	Assessment History Medical
<input type="checkbox"/>	Venturi Mask/Partial Mask	<input type="checkbox"/>	Assessment History Trauma
<input type="checkbox"/>	Waveform Capnography Management	<input type="checkbox"/>	Assessment and History Pediatric Patient
<input type="checkbox"/>	Other		

Signature

Date

EMS Squad Leader/Chief Endorsement Letter for Advanced Standing

I, _____ the EMS Squad Leader/Chief for
(Name)

_____ acknowledge that _____
(Squad) (Name of member)

is an active member under my squad and has been so for about _____ years. This member is

active on the squad: (please check all that apply)

_____ No patient care issues

_____ Number of ALS Calls completed

_____ Number or hours

_____ Number of BLS calls completed

_____ Number of hours

_____ Demonstrated the all of the skills on the attached list that I have circled.



Signature

Date

CIC/Course Administrator Endorsement Letter for Advanced Standing

I, _____ the representative for
(Name)

_____ acknowledge that _____
(Course Sponsor) (Name of applicant)

Previously participated in an EMS course in _____. During the course completed the following
clinical hours:

_____ Emergency Department
_____ Cardiopulmonary
_____ OR
_____ OR with minimum 5 intubations
_____ Behavioral Health
_____ OB
_____ Field



Demonstrated in competency in all the circled skills.

Signature

Date