

The purpose of this form is to document additional skill competencies for Instructors or Instructor Trainers to meet prerequisites or to upgrade an Instructor status. For guidance on skills verification use the appropriate Performance Evaluation form for each skill.

When complete, provide to Training Center director for their records.

Person Being Verified

Name (please print) _____

Instructor/Instructor Trainer No. (if applicable) _____

Skills Verified

_____ Caring for Cardiac Arrest — Adult

_____ Caring for Cardiac Arrest — Child

_____ Caring for Cardiac Arrest — Infant

_____ Control of Bleeding

Method Used (check one)

_____ Current certification of licensure (include copy for records)

_____ Direct observation (face-to-face or live streaming)

_____ Video-recorded observation

Verifier (if observed for competency)

I have observed and verified the competency of the skills indicated above, as outlined in the most current versions of ASHI and MEDIC First Aid emergency care training materials.

Name (please print) _____

Instructor/Instructor Trainer No. _____

Signature _____