

# Physician Assistant & Nurse Practitioner Paramedic Challenge Competency Summary

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

\_\_\_\_\_  
CANDIDATE'S PRINTED NAME

\_\_\_\_\_  
CANDIDATE'S EMS CERTIFICATION #

Please ✓ the method(s) below that were utilized for verification of candidate's competency

COMPETENCIES	Paramedic Program Required Numbers*	Q/A: Q/I	DIRECT OBSERVATION	OTHER
Medication Administration	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Intubation (Adult)	1 Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Access	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilate Non-Intubated Patient	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Assessment	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Assessment	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric Assessment	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB Assessment	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Assessment	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Assessment	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain Assessment	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory/Dyspnea Assessment	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Respiratory and Dyspnea Assessment	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syncope Assessment	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Complaints	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altered Mental Status	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Candidate is not required to meet the specific numbers for each competency but they are listed as a guide for the OMD/PCD utilization during the evaluation.

As Operational Medical Director / Physician Course Director, I do hereby affix my signature attesting to the competency in all of the items outlined above.

\_\_\_\_\_  
Printed Physician Name

\_\_\_\_\_  
OMD/PCD NUMBER

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

ALL PARAMEDIC CANDIDATES MUST DEMONSTRATE COMPETENCY AS A TEAM LEADER ON AN ADVANCED LIFE SUPPORT  
EMS UNIT FOR A MINIMUM OF 50 RUNS.

## Certification of Patient Contacts

As a Paramedic Preceptor approved by the OMD/PCD on the reverse side, I do hereby affix my signature attesting to the completion of the competency of Team Leader on an EMS ALS Unit on a minimum of 50 patient contacts.

\_\_\_\_\_  
Printer Paramedic Preceptor Name

\_\_\_\_\_  
PARAMEDIC PRECEPTOR SIGNATURE

\_\_\_\_\_  
DATE SIGNED

As Operational Medical Director / Physician Course Director, I do hereby affix my signature attesting to the competency in all of the items outlined above.

\_\_\_\_\_  
Printed Physician Name

\_\_\_\_\_  
OMD/PCD NUMBER

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**If this form is not completed in its entirety it will be returned to the candidate for completion.**

**A copy of this completed form must be forwarded to:**

**ALS Training Specialist  
Virginia Office of EMS  
1041 Technology Park Drive  
Glen Allen, VA 23059**