

THURSTON COUNTY MEDIC ONE 2019 INDIVIDUAL OTEP TRAINING RECORD Revised 1/2019

NAME: _____

Agency: _____

Certification Level: EMT First Responder

Certification Number: _____ Certification Expiration Date: _____

ONLINE/WRITTEN and PRACTICAL SKILL ASSESSMENTS MUST BE COMPLETED IN THE YEAR IN WHICH THEY ARE OFFERED

OTEP

Ongoing Training and Evaluation Program

OTEP:

TRADITIONAL:

SUBJECT	Online		PRACTICAL SKILL	PRACTICAL EVAL DATE	PRINT EVALUATOR NAME	Evaluator Initials
	Date	Score				
TRAVIS ACT PPP DOH	Date:	Score	NO SKILL EVALUATION			
STROKE	Date:	Score	MEDICAL EXAM			
OPIOID OVERDOSE	Date:	Score	AIRWAY			
EXCITED DELIRIUM	Date:	Score	RESTRAINTS			
PEDIATRIC ASSESSMENT	Date:	Score	TRAUMA EXAM			
HAZMAT	Date:	Score	MCI			

ANNUAL REQUIREMENT(s) <small>(completed by sponsoring agency)</small>	DATE	PRINT INSTRUCTOR NAME	Instructor Initials
Infectious Disease Update			

CARDIAC ARREST REVIEWS

(REQUIRED each year: 2 Adult, 1 Child and 1 Infant)

Quarter	Date	/				PRINT INSTRUCTOR NAME	Instructor Initials
		Adult	Child	Infant	Make-Up		
1st							
2nd							
3rd							
4th							