Stanislaus County
Emergency Medical Services Agency

First Responder And Emergency Medical Technician (EMT)
Skills Competency Authorization Form

Organization: _____ **County:** _____

Contact Name: _____ **Phone:** _____

This document certifies that the individuals listed below are authorized by the named organization to evaluate skills competency for First Responders and Emergency Medical Technicians. The organization agrees to administer the skills examination in accordance with the policies, procedures, and competency standards established by the Stanislaus County EMS Agency.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Authorized Personnel (Full Name)	EMT # / Paramedic #

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