



TEXAS
 Health and Human
 Services

**Texas Department of State
 Health Services**

EMS LICENSING UNIT

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PSYCHOMOTOR VERIFICATION FORM FOR LATE RENEWAL OR AUDIT
 Revised August 2022

All information provided on this form is considered public record, except for the social security number. The candidate may upload the completed form as a PDF document and directly attach it to the online application or email to emscert@dshs.texas.gov.

Note: Verification may be conducted as a patient scenario and/or as individualized skills.

ECA

- Patient Assessment (Medical) to include the following:
- Management of a cardiac arrest patient utilizing AED (Adult or Infant)
- Airway Management with OPA, NPA, and BVM (Adult or Infant)
- Bleeding Control utilizing a commercial tourniquet device. *(Individual Skill Only)

EMT - In addition to the above:

- Medication Administration (Bronchodilator, Nebulized and Epi-Auto Injector)

AEMT - In addition to the above:

- Endotracheal Intubation (Adult & Infant) *(One may be individual skill/scenario)
- IV Insertion with Medication Administration

Paramedic - In addition to the above utilizing a cardiac monitor/defibrillator:

- Dynamic Cardiology, ACLS Guidelines (Adult or Infant)

Candidate Name (Last, First)

EMS ID#

To Be Completed by A Texas Certified EMS Course Coordinator or Physician Medical Director

I verify that the proficiency of the candidate has been examined, verified, and is proficient in the assessment and management of a medical and trauma patient. Further, I attest and understand that I am accountable and responsible for the accuracy of this document and that verification was in compliance with current EMS education standards.

 Printed Name

 Signature

 Coord# or MD#

 Date

 Email or Telephone Number