

MWLC EMSS

QUARTERLY BLS SKILL COMPETENCIES

2026

EMT NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Rating 1- Proficient 2- Competent 3- Practice evolving/not yet competent

**Quarter 1:** Date: \_\_\_\_\_ Validator Name: \_\_\_\_\_

IGEL	1	2	3
CPAP	1	2	3
Nebulizer Therapy	1	2	3

Validator Comments: \_\_\_\_\_

**Quarter 2:** Date: \_\_\_\_\_ Validator Name: \_\_\_\_\_

IGEL	1	2	3
IM Injections	1	2	3
MAD	1	2	3

Validator Comments: \_\_\_\_\_

**Quarter 3:** Date: \_\_\_\_\_ Validator Name: \_\_\_\_\_

IGEL	1	2	3
Blood Glucose Testing	1	2	3
Hemorrhage Control-Tourniquet	1	2	3

Validator Comments: \_\_\_\_\_

**Quarter 4:** Date: \_\_\_\_\_ Validator Name: \_\_\_\_\_

IGEL	1	2	3
ECG- 12 lead Acquisition	1	2	3
Orotracheal Suctioning	1	2	3

Validator Comments: \_\_\_\_\_