



Kittitas County EMS Division
2022 OTEP/CME Personal Record of Training

Name: _____ Certification: _____ Exp. Date: ____/____/____

Module 7: Supraglottic Airway – EMTs ONLY (Not EMR Skill)

Specifics: HP Airway Mgmt. Review w/Supraglottic Special Skill using the i-Gel device (+protocol).

Instructor/Class Coordinator Signature: _____ Date: _____

Module 8: Pediatric Medical Emergencies

Specifics: Medical Assessment/Treatment w/TPC Scenarios (RT), Peds CPR/AED/HPAM Skill Maint.

Instructor/Class Coordinator Signature: _____ Date: _____

Module 9: Trauma – Musculoskeletal Emergencies

Specifics: Trauma Assessment/Treatment w/TPC Scenarios, Splinting, and Spinal Mobility Restriction

Instructor/Class Coordinator Signature: _____ Date: _____

Module 10: OB/GYN Emergencies & Infectious Disease Prevention / Personal Protective Equipment

Specifics: Medical Assessment/Treatment w/ TPC Scenarios (RT), Donning/Doffing PPE, Neonate CPR

Instructor/Class Coordinator Signature: _____ Date: _____

Module 11: ASHI BLS CPR Renewal & Cardiac Pharm. Review (BLS Online required to attend)

Specifics: Blended Class w/High Performance CPR/AED/Airway Management (w/i-Gel) & Pharm. Rev.

Instructor/Class Coordinator Signature: _____ Date: _____

Module 12: Stroke Emergencies & Annual Pharmacology Skill Maintenance

Specifics: Medical Assessment/Treatment w/ TPC Scenarios and annual skill maintenance for Epi “Check & Inject”/Narcan/Zofran (as applicable for EMS provider/agency)

Instructor/Class Coordinator Signature: _____ Date: _____

Completion of the following Online content is REQUIRED.

Recommended completion w/corresponding module or as noted.

- **M9: Spinal Injury Management (or by end of year)**
- **M10: Infectious Disease Update & Personal Protection (or by end of year)**
- **M11: ASHI BLS Renewal (Blended - required before in-person module)**
- **Other: If assigned during the year per MPD.**

Upon completion of each module’s objectives, the student should have the instructor or class coordinator sign and date their *Personal Record of Training*. Successful completion must be documented on the class training record to receive credit. Keep skill sheet with training records.

TRAINING RECORDS ARE YOUR RESPONSIBILITY!

Student should keep training records for four years after each recertification.

OTEP Method of recertification requires minimum quarterly participation.

IF YOUR CERT. IS EXPIRED OR INOPERABLE, YOU CANNOT PRACTICE AS AN EMS PROVIDER.

If you would like to receive a monthly *Training Announcement* by e-mail, send your request to debbie.losse@co.kittitas.wa.us or go to kittitascountyems.org for training information.