



Kittitas County EMS Division
2012 OTEP/CME Personal Record of Training

Name: _____ Certification: _____

Certification Expiration Date: ____/____/____

Module 1(CBT621: Infectious Disease Prevention for EMS Providers

Specifics: Donning and doffing of EMS Personal Protective Equipment (PPE) using MEGG

Instructor/Class Coordinator Signature: _____ Date: _____

Module 2 (CBT434): Cardiac Emergencies (CPR/AED)

Specifics: Medical assessment, treatment, pharmacology, lung sounds, airway, CPR/AED skill maintenance, and County Operating Procedure #3 – Triage & Transport / Cardiac Triage Destination

Instructor/Class Coordinator Signature: _____ Date: _____

Module 3 (CBT445): Head, Spine, and Chest Injuries (Upper Body Trauma)

Specifics: Rapid trauma exam, treatment, major bleeding control and immobilization

Instructor/Class Coordinator Signature: _____ Date: _____

Module 4 (CBT940): Sepsis & Documentation

Specifics: Patient assessment, orthostatic vitals, treatment, and documentation

Instructor/Class Coordinator Signature: _____ Date: _____

Module 5 (CBT537): Pediatric Emergencies (CPR/AED)

Specifics: Pediatric M/T Assessment Triangle, airway management, treatment, immobilize, and CPR/AED skill maintenance

Instructor/Class Coordinator Signature: _____ Date: _____

Module 6 (CBT442): Stroke

Specifics: Assessment Sick/Not Sick, FAST Exam, treatment, rapid transport and County Operating Procedure #3-Triage & Transport / Stroke Triage Destination Procedure

Instructor/Class Coordinator Signature: _____ Date: _____

Upon completion of each module's objectives, the student should have the instructor or class coordinator sign and date their personal training record at which time the signee will document the student's successful completion on the class training record. Successful completion of OTEP knowledge and skill evaluations must be documented on the class training record for you to get credit. **Students should keep their skill evaluation sheets and Personal Record of Training for four years after each certification period.**

OTEP Method of recertification requires quarterly participation (effective 1/2012).

TRAINING RECORDS ARE YOUR RESPONSIBILITY!

Semi-annual AED skill maintenance is completed in Modules #2 & #5

If you would like to receive a monthly *Training Announcement* by e-mail, send your request to kcems@qwestoffice.net or go to kittitascountyems.org for training information.