OFFICE OF EMERGENCY SERVICES
SAN BENITO COUNTY
EMERGENCY MEDICAL SERVICES DIVISION

Form #: 919

Approved Signatures for EMT Skills Verification of Competency

Provider Agency:	
Mailing Address:	
Phone:	Fax:
Program Manager/Director:	Email:

The following individuals are affiliated with our agency/program and are approved to verify skills competency:

Name Of Employee:	Certification/ License Number

(Please notify the EMS Agency within 30 days of any changes)

Program Manager/Director Approval Signature:_____ Date: _____

David Ghilarducci MD
EMS Medical Director

Created: 5/1/14
Reviewed: 10/1/17
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