

Six Month Skill Requirements

Mandatory Skills completed during January 1st through June 30th

Required Skill	Date of the skill	Or	PCR Number of the skill performed
One IV	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
One Intubation	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
One Mega-code	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Mandatory Skills completed during June 30th through December 31st

Required Skill	Date of the skill	Or	PCR Number of the skill performed
One IV	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
One Intubation	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
One Mega-code	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Instructions: All ALS Technicians are responsible for filling this form out completely. You are required to have it signed by your primary agency's **Captain** or **Chief** as well as your own signature and sent into the **Mountain Lakes Regional EMS Council office at 333 Aviation Rd, Building A – Suite 1, Queensbury, NY 12804** no later than the **3rd day of January** each year. Failure to submit the above form will result in that individual being taken off-line. All copies of skills, PCR run sheets, and CME credits are to be stored at the individual's **primary agency**. Copies of certification cards (CPR, EMT, etc) are to be submitted yearly to the Mountain Lakes Regional EMS Council office with this form.

The signatures below indicate that the information provided in the above form is true and correct. I understand that any falsification of this record may result in the loss of my regional "online" privileges. Your Agency's Medical Director or Mountain Lakes reserves the right to inspect supporting documentation at any time.

Primary Agency Official

(Please Print Name)

(Please Sign Name)

ALS Tech.

(Please Print Name)

(Please Sign Name)