



Certified Statement of Required Education Module Completion

Credentialing candidates, appropriately affiliated with a System OMD Registered Organization, desiring to take the Protocol Examination must present this document to the OMD prior to testing.

System Responder Credential Level:

- Successfully completed OMD required Skill Competencies. Per list on page 2.
- Successfully completed OMD required Education Modules. Per list on page 2.

EMT- B Credential Level:

- Successfully completed OMD required Skill Competencies. Per list on page 2.
- Successfully completed OMD required Education Modules. Per list on page 2.

This document must be signed and dated by one of the following persons in the Candidate's designated Primary Affiliated Organization.

- A/TC EMS Department: Clinical Commander or Designated EMS Education Coordinator.
- Fire Department based Organizations: "Chief Officer (s)" or Designated EMS Education Coordinator.
- All other FROs: FRO Administrator or Designated EMS Education Coordinator.

Candidate Name (print): _____; TDSHS # _____

Organization Name (print): _____

Certified by: Print Name: _____ Sign Name: _____

Title: _____ Date: _____

Please mark all boxes that apply.



System Responder or EMT-B Credentialing Progress Document

Print Name: _____ **DSHS #** _____

BLS Online Credentialing for <i>New or (Reintegration > 90 days OMDR-20)</i>	Date Completed	Score
Online Course Titles: must have current "MOODLE Login" to access.		
BLS Patient Assessment		
BLS Altered Mental Status		
BLS Cardiac Arrest		
BLS MI/CVA		
BLS Respiratory		
BLS Trauma		
BLS Skills for New or Reintegration > 90 days		
IGEL		EMT Only
Adult Pit Crew		SR and EMT
Infant Pit Crew		SR and EMT
CPAP		EMT Only
Smart Bag		SR and EMT
EPI Draw and Shoot with Medication Cross Check		EMT Only
12 Lead ECG Electrode Placement		EMT Only
Once Completed attach this document to the OMDR-7 Form and transmit or give to OMD Staff. COG Testing will be conducted after this document is completed.		