



# Stanislaus County Emergency Medical Services Agency

## First Responder and EMT Skills Competency Authorization

NAME OF ORGANIZATION: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTACT NAME & TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

This is to verify that the following individuals are authorized by the above named organization to document skills competency for First Responders and EMT's. This organization agrees to conduct the skills exam in accordance with the testing policies and procedures and skills competencies as identified by the Stanislaus County EMS Agency.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

Individual(s) Authorized to Conduct Exam	Individuals Cert/License #