

Mississippi State Department of Health
Bureau of Emergency Medical Services

Statement of Competency in Medical First Responder Skills

As the Medical First Responder instructor, I verify that _____ has
(Please Print) performed and demonstrated minimum competency of the Medical First Responder skills that are outlined in the National Standard Curriculum, developed by the United States Department of Transportation and the additional skills required by the Mississippi State Department of Health, Bureau of Emergency Medical Services.

National Standard Curriculum

Trauma Patient Assessment /Management	Bleeding Control/Shock Management
Upper Airway Adjunct and Suction	Mouth-to-Mask Ventilation
One and two Rescuer CPR	Infant CPR
Unresponsive Adult Obstructed Airway	

Additional Skills Required For Mississippi Certification

EMT-Basic NSC Module 2-1 Airway (for Oxygen Therapy)
EMT-Basic NSC Module 3-4 Cardiovascular Emergencies (for Automatic External Defibrillation)

Instructor Signature: _____ Date: _____

Instructor Name: _____ Telephone Number: _____
(Please Print)

Affiliate Facility: _____
(Please Print)

(Please submit to the BEMS immediately following the last day of class attached to the Final Roster)