



CCT Biennial Skills Evaluation

Name:	CCT Agency:	
CCT Number:	Expiration Date:	
Skills/Techniques	Date	
Advanced Chest Decompression		
Advanced Secondary Airway Devices		
Surgical Airway		
RSI/Intubation		
Ventilator Management/Capnography		
Medication Calculations		
12-Lead ECG Interpretation		
Tranvenous Pacing		
Oral Case Presentations		
* Agency Specific _____		
* Agency Specific _____		
* I.E.: IABP, Invasive Monitoring, etc. – need determined by agency and CCT Medical Director.		
Verification may be based on direct observation, successful field completion or formal skills evaluation.		
We hereby warrant the above named CCT provider was evaluated on the listed skills on the dates indicated.		
_____	_____	
CCT Medical Director	Squad Training Officer	
Date _____	Date: _____	