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| SYSTEM ORIENTATION CHECKLIST |
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**Saginaw Valley
Medical Control
Authority**

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|---------------------|----------------------------|
| NAME: | AGENCY: |
| LEVEL OF LICENSURE: | AGENCY LEVEL OF LICENSURE: |

| <u>REQUIREMENT</u> | <u>LEVEL</u> | <u>DATE</u> | <u>COMPLETE</u> |
|---|--------------|-------------|--------------------------|
| SYSTEM ORIENTATION | MBSP | / / | <input type="checkbox"/> |
| AEROMEDICAL L.Z. COURSE | MBSP | / / | <input type="checkbox"/> |
| PROOF OF EMPLOYMENT | MBSP | / / | <input type="checkbox"/> |
| LETTER OF PERSONAL REFERENCE | MBSP | / / | <input type="checkbox"/> |
| LETTER OF IC RECOMMENDATION or MEDICAL DIRECTOR RECOMMENDATION | MBSP | / / | <input type="checkbox"/> |
| SVMCA SYSTEM EXAM (85% MIN) | MBSP | / / | <input type="checkbox"/> |
| PROOF OF CURRENT STATE LICENSE | MBSP | Exp:_____ | <input type="checkbox"/> |
| PROOF OF BCLS (AHA CPR CARD) | MBSP | Exp:_____ | <input type="checkbox"/> |
| PROOF OF APPROVED TRAUMA CERT. | BSP | Exp:_____ | <input type="checkbox"/> |
| PROOF OF ACLS | SP | Exp:_____ | <input type="checkbox"/> |
| PROOF OF APPROVED PEDIATRIC CERT. | SP | Exp:_____ | <input type="checkbox"/> |
| SVMCA ADVANCED AIRWAY CERT. | SP | / / | <input type="checkbox"/> |
| PROBATIONARY TIME (Hours:_____) | SP | / / | <input type="checkbox"/> |
| MEDICAL DIRECTOR CONFERENCE | SP | / / | <input type="checkbox"/> |
| PROTOCOL STIPULATIONS SIGNED | SP | / / | <input type="checkbox"/> |

LEVELS: M=MFR B=EMT-Basic S=EMT-Specialist P=EMT-Paramedic