



**SYSTEM RECERTIFICATION
CHECKLIST**

**Saginaw Valley
Medical Control
Authority**

NAME: _____

LIC LEVEL: _____

AGENCY: _____

	<u>REQUIREMENT</u>	<u>COMPLETED</u>	<u>DATE</u>
	COPY OF CURRENT STATE LICENSE	<input type="checkbox"/>	Exp: _____
ALL	SYSTEM EXAM: MIN 85%	<input type="checkbox"/>	_____
	PROOF OF CONTINUED EMPLOYMENT	<input type="checkbox"/>	_____
EMT B/S/P	COPY OF APPROVED TRAUMA CERT.	<input type="checkbox"/>	Exp: _____
	COPY OF AHA ACLS CERTIFICATION	<input type="checkbox"/>	Exp: _____
EMT-S/P	COPY OF APPROVED PEDIATRIC CERT.	<input type="checkbox"/>	Exp: _____
	INTUBATION CERTIFICATE OR DOCUMENTATION OF 10 SUCCESSFUL INTUBATIONS	<input type="checkbox"/>	_____