



# Skills Verification Form

## Directions for Clinical Supervisors:

Your employee has successfully completed the American College of Emergency Physicians' (ACEP) online **eACLS™** refresher training. **eACLS™** is an Advanced Cardiac Life Support (ACLS) program accepted by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) which meets the most current ECC national guidelines for appropriate ACLS care.

By completing this form you verify that your employee possesses the necessary job defined clinical skills related to his/her role in the emergency management of cardiac and respiratory patients as required by your hospital or agency. This documentation will be made a permanent part of this provider's recertification record, and is required before an official ACEP **eACLS™** course completion card can be issued. This process is an option that replaces traditional skill testing activities with manikins.

Your signature on this form verifies that, to the best of your knowledge, your employee has the clinical and skills competence to manage the following ACLS course skills as part of his/her job requirements:

- Acute Coronary Syndromes
- Asystole
- Bradycardia
- Narrow-Complex Tachycardia
- Pulseless Electrical Activity (PEA)
- Stroke
- Ventricular Fibrillation
- Pulseless Ventricular Tachycardia
- Wide-Complex Tachycardia

For detailed information on what is required to manage each of these cardiac and respiratory emergencies, please visit [www.eACLS.com/SkillsForms/](http://www.eACLS.com/SkillsForms/).

As Clinical Supervisor responsible for (employee name) \_\_\_\_\_ ,  
I attest that he/she possesses the necessary job-defined skills to manage the cardiac and respiratory emergencies at our hospital/agency, in accordance with the most current ECC Guidelines for advanced cardiac life support (ACLS).

Clinical Supervisor's Signature: \_\_\_\_\_

Clinical Supervisor's Name: \_\_\_\_\_

Clinical Supervisor's Title: \_\_\_\_\_

Clinical Supervisor's Hospital/Agency: \_\_\_\_\_

Clinical Supervisor's Address: \_\_\_\_\_

Clinical Supervisor's Phone: \_\_\_\_\_

Clinical Supervisor's Email: \_\_\_\_\_