



DOH OTEP APPROVAL REVIEW CHECKLIST

Agency _____ Agency # _____ Evaluator _____

Meets OTEP Requirement	Y/N or N/A	Comment
Annual CPR & airway mgmt./defibrillation		
Annual spinal immobilization		
Annual patient assessment		
Cert. Period - Infec. Disease		
*Cert. Period - Airway/Vent		
Cert. period - Cardiovascular		
Cert. period - Medical/Behav.		
**Cert. Period - Trauma		
Cert. period -OB/Ped Topics		
Cert. period -Operations		
Cert. Period - Pharmacology appropriate to topic/cert. level		
* Includes intensive airway training (see Airway/Vent above)		
** Includes intensive IV training (see Trauma above)		
Includes required pediatric objectives in topic content		
Includes DOH training updates when required		
Identifies source of lesson topic content		
Includes knowledge and/or skills evaluated for each session		
Considers remedial training.		
# ILS/ALS skill maintenance contained within OTEP		
Certified EMS Providers		
DOH approved Evaluators		
Completed OTEP Application		

Not required for an approved OTEP plan, however, skill maintenance must be completed for renewal of certification.