

**MONTANA BOARD OF MEDICAL EXAMINERS**  
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## VERIFICATION FOR EMR MONITORING ENDORSEMENT

Student Name: \_\_\_\_\_ License Number: \_\_\_\_\_

I certify that the above named individual is competent in the following terminal objectives regarding the EMR Monitoring Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice.

### COGNITIVE OBJECTIVES

### PSYCHOMOTOR OBJECTIVES

<p>State the principles of pulse oximetry          State the normal values for pulse oximetry          Identify conditions which can adversely affect a patient's oxygen saturation level          Identify conditions which can produce erroneous readings in pulse oximetry</p> <p>State the principles of blood glucose testing          State the normal values for blood glucose levels          Identify conditions which can adversely affect a patient's glucose level          Identify conditions which can produce erroneous readings in blood glucose</p>	<p>Demonstrate the correct application of a pulse oximetry-monitoring device.          Demonstrate obtaining a pulse oximetry reading.          Demonstrate ability to correctly troubleshoot and correct simple problems.</p> <p>Appropriately obtain a blood specimen for testing purposes          Obtain a blood glucose level reading          Dispose of all sharps while adhering to Body Substance Isolation (BSI) procedures.          Correctly troubleshoot and correct simple problems.          Follow manufacturer and later developed service specific preventive maintenance procedures related to the monitoring device.          Demonstrate proper safety techniques</p>
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**Signature** of Lead Instructor

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**PRINTED** Name

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 Dated