

MASTER MEDIC CERTIFICATION

CAPID	GRADE	NAME (last, First)
PHONE NUMBER	HOME UNIT (Charter #)	ADDRESS (Number and Street)
E-MAIL ADDRESS		(City, State, Zip)

These tests can only be administered by Current Master Medics. Full signatures and dates required.

Test Name	Signature	Date
-----------	-----------	------

ADMINISTRATION

Senior Medic Certification Date Issued: _____ - <i>Attach a Copy</i>		
Summer Ranger School Medic Assignment as Senior Medic or Field Medic First Class Squadron: _____ Year: _____		
Summer Ranger School Medic Assignment as Senior Medic or Field Medic First Class Squadron: _____ Year: _____		
Summer Ranger School Medic Assignment as Senior Medic or Field Medic First Class Squadron: _____ Year: _____		
Winter Ranger School Medic Assignment as Senior Medic or Field Medic First Class Squadron: _____ Year: _____		
Winter Ranger School Medic Assignment as Senior Medic or Field Medic First Class Squadron: _____ Year: _____		
Winter Ranger School Medic Assignment as Senior Medic or Field Medic First Class Squadron: _____ Year: _____		
EMT-B certification or higher pre-hospital level of care - <i>Attach a Copy</i>		
Current Professional Rescuer CPR Training - <i>Attach a Copy</i>		
Completion of Continuing Medical Education Requirement for Field Medics		
Advanced Ranger Date Issued: _____ - <i>Attach a Copy</i>		
Current CAPF 101 GTL or Higher - <i>Attach a Copy</i>		
Must be a Senior Member 21 years old. Completed Senior Member training Level 2 with senior specialty rating.		
Instructor Rating for Wilderness First Aid, CPR via Hawk Mountain ECSI Training Center for at least 2 years.		
Four Years of Active Participation in Field Medical		

PRACTICAL SKILLS

Perform Sick Call Operations		
Demonstrate ability to teach formal health and medical topics		
Discuss Medical Operations and Evacuation plans		
Discuss Interagency Response and Cooperation as it pertains to Hawk Mountain OPS and Current Mission OPS		
Maintain Medic Records, Logs, Documentation to Standard		
Demonstrate ability to function as counselor, to provide emotional support to student and staff		
Demonstrate ability to monitor and supervise subordinate medics in their efforts to provide Field Health Care of Ground Teams		

PROFICIENCY REVIEW BOARD

The candidate will sit for an oral board conducted by no less than three Current Master Medics. This board will assess the ability of the candidate to answer questions or demonstrate their knowledge of current Field Medical Care Standards and Ranger Skills. The candidate's area of medical expertise will also be included as part of the board. The candidate's performance since time of entry into medic training will be evaluated. The duration will be no less than three hours in length.

Signatures of Board Members present and "Approved" or "Disapproved" based on performance above

The above named individual has been reviewed by a board of current Master Medics and has been found to possess the skills and character acceptable of a Master Medic.

MEMBER SIGNATURE

DATE

MEDICAL STAN/EVAL SIGNATURE

DATE