EMT-I/AEMT Protocol Education Tracking Document			
Name: **VT License #:**			
Topic/Skill	**Presentation View Date:**	**Practical Date:**	**Instructor or Squad Training Officer Signature:**
2015 Vermont Statewide EMS Protocols Update		N/A	
Spinal Motion Restriction (with Advanced Spinal Assessment review)			
Quantitative Waveform Capnography			
i-gel (AEMT only, required only if agency plans to use device)	N/A		
Pediatric CPAP (AEMT only, required only if agency plans to use device)	N/A		