

EMT Psychomotor Exam Approval and Verification

The purpose of the approval and verification form is to help the examination coordinator along with the EMSRB establish a quality control process. This evaluation must be completed and signed by the examination coordinator and forwarded to the appropriate EMSRB office.

Please submit for approval to your EMSRB Specialist in Word Format

PSYCHOMOTOR EXAMINATION DATE: SEPTEMBER 22,2014 START TIME: 1800 HRS		INITIAL: <input checked="" type="checkbox"/> REFRESHER: <input type="checkbox"/> <small>(mark one)</small>		
EDUCATION PROGRAM NAME: ABC EDUCATION EXAMINATION SITE: MOTWON FIRE DEPARTMENT				
STATE OFFICIAL or APPROVED AGENT: Robert Stevenson		DATE APPROVED BY STATE OFFICIAL: (assigned by EMS specialist)		
EXAM COORDINATOR: Amanda Lynn				
PHYSICIAN MEDICAL DIRECTOR: Milton Berle, MD				
Examiners Assigned to Initial Skills Stations				
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date
Pt. Assessment - Trauma		Edwin Margrave	123456	2015-03.31
Pt. Assessment - Medical		Thomas Raynes	234567	2015-03.31
		Gemma Lynn	438759	2016-03.31
Oxygen Administration by Non-rebreather mask		Jane Angel	456789	2016-03.31
BVM Vent. Apneic Adult Pt.		Jane Angel	456789	2016-03.31
Cardiac Arrest Mgt./AED		Rose Dawson	789236	2015-03.31
Spinal Immob. - Supine		Samantha Swift	987236	2017-03.31
Random		Mortimer Beckett	976431	2016-03.31
Examiners Assigned to Re-Test Skills Stations (complete this section ONLY if you have one examiner per station above)				
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date
Pt. Assessment - Trauma		Mortimer Beckett		
Pt. Assessment - Medical		n/a		
Oxygen Administration by Non-rebreather mask		Edwin Margrave		NOTE: Examiners have moved "down" one station
BVM Vent. Apneic Adult Pt.		Edwin Margrave		
Cardiac Arrest Mgt./AED		Jane Angel		
Spinal Immob. - Supine		Rose Dawson		
Random		Samantha Swift		
<p>The expected standards for this examination are found in the: NATIONAL REGISTRY PSYCHOMOTOR EXAMINATION USERS GUIDE – Emergency Medical Technician</p>				

Name of person that read the "Skill Examiner Orientation to the Psychomotor Examination" found on pages 27-30 of the NREMT Psychomotor Examination Users Guide: _____

Name of person that read the "Candidate Orientation to the Psychomotor Examination" found on pages 32-36 of the NREMT Psychomotor Examination Users Guide: _____

UNUSUAL SITUATIONS / EXAMINATION PROBLEMS ENCOUNTERED:

I verify this psychomotor examination has been conducted in accordance with the guideline of the National Registry of EMT's and the Minnesota EMSRB. _____

Exam Coordinator Signature / Date

Approved Agent Signature / Date