

MINNESOTA APPROVED AGENT/EXAMINER APPLICATION INSTRUCTIONS

Provide all information requested by this application form. Incomplete or illegible applications will be returned.

1. Contact Information

- Provide all requested contact information.
- Information in the contact information section of the application that contains a red asterisk, (i.e.; *Last Name) will be publicized on the EMSRB website.

2. Applicant Information

- Please place a check mark in the box for each position you are applying for.
- Provide your current EMSRB Certification Number.
- Provided current CPR and/or ACLS expiration dates (both if applicable).
- Advanced examiner applicants: (ACLS Instructors) please provide your current expiration date.
Advanced examiner applicants: (non-ACLS Instructors) Only advanced examiners who are ACLS Instructors can facilitate testing at the cardiology stations. Both Non-ACLS Instructors and ACLS Instructors can facilitate all other areas of the advanced examination.

3. Region

Please circle the regions in which you would like to be an examiner. If you are willing to travel to any region, please circle "All Regions".

4. Credentials

Provide any additional credentials that may be beneficial for exam coordinators to be aware of.

5. Signature

- Carefully read the statement provided before signing and dating this application.
- **Examiners:** enter the date & time you viewed the required NREMT webinar "Best Practices for Psychomotor Exam Scoring":
<https://www.nremt.org/nremt/about/resourcesWebinars.asp>
- **Approved Agent Applications must be signed by a medical director.**
- Approved Agent applicants must attend an EMSRB Approved Agent Seminar.

6. Submission

You may submit your application to your EMSRB Regional Specialist or bring it to the Approved Agent Seminar session you attend.

Approved Agent / Examiner Application

* Contact information provided will be listed on the EMSRB website.

*Last Name:		*First Name:		*Middle Initial:	
Street Address:		City:		State:	Zip:
*Phone Number:	*Email Address:				

Applicant Information: All Information Required

<input type="checkbox"/>	Applying as EMT Psychomotor Exam Approved Agent	*EMSRB Certification #:
<input type="checkbox"/>	Applying as Basic Examiner	*CPR /ACLS Expire Date:
<input type="checkbox"/>	Applying as Advanced Examiner	*ACLS Instructor Expire Date: <i>(Advanced Examiners Only)</i>

Please circle which region(s) you are applying for:

All Regions	Central	Metro	Northeast	Northwest
Southeast	South Central	Southwest	West Central	

Please identify other credentials that may be helpful:

As an examiner in the State of Minnesota, I understand, I must be certified or licensed at or above the level being tested, perform the skill being evaluated, must be current in CPR, must have completed a board approved training course. I certify the information provided is true and correct to the best of my knowledge.

The Date I Watched the Required Webinar:

*Applicant's Signature:	Date:
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Approved Agents Applicants Only

I, as medical director for _____ (Ambulance Service or Education Program) to the best of my knowledge, verify this applicant is competent to act as an approved agent in the State of Minnesota during a Psychomotor Skills Examination.

Medical Director _____ MN. Physician License # _____
(Print Name)

Signature _____ Date _____
(Original Signature)