

Minnesota Emergency Medical Services Regulatory Board

EMT Level Examination Roster

Psychomotor Exam Date:

Exam Location:

Exam ID #:

State Official On-Call:

State Official/Approved Agent:

Exam Coordinator:

Exam Coordinator Phone:

Medical Director (Phone):

ALL INFORMATION IN THIS SECTION WILL BE COMPLETED BY THE SPECIALIST - TRANSFERRED FROM THE EXAM APPROVAL FORM SUBMITTED BY THE EXAM COORDINATOR.

PLEASE ENSURE THE EXAM APPROVAL FORM IS COMPLETE

ID	Pres. Or N/S	Candidate Name	Level	Prac. Take #	Assess.		Vent.		CAM/ AED	Spinal SU	Random				Comments	Contact Information
					T	M	BVM	O2			SE	BL	LB	JI		
1	Present	EMT A (Initial Exam 1st Attempt)	EMT	1A 1R1	P P	P P	F P	P P	F P	F F	P P				1R2 (must re-test different day)	phone: e-mail:
2	Present	EMT B (Initial Exam 1st Attempt)	EMT	1A	P	P	P	P	P	P	P				PASS	phone: e-mail:
3	Present	EMT C (Initial Exam 1st Attempt)	EMT	1A	F	F	P	P	F	F	F				FAIL (will be 2A at next full attempt, must complete remediation)	phone: e-mail:
4	Present	EMT D (Initial Exam 1st Attempt)	EMT	1A 1R1	F P	F P	F P	P P	P P	P P					PASS	phone: e-mail:
5	Present	EMT E (Initial Exam 1st Attempt)	EMT	1A 1R1	F P	P P	P P	P P	F F	P P					1R2 (must re-test different day)	phone: e-mail:
6	Present	EMT A (1R2 attempt)	EMT	1R2						F					FAIL (will be 2A, must complete remediation and full exam)	phone: e-mail:
7	Present	EMT C (2nd Full Attempt)	EMT	2A 2R1	P P	F F	P P	P P	P P	P P					2R2 (must test different day)	phone: e-mail:
9	Present	EMT A (2nd FULL Attempt)	EMT	2A	P	P	P	P	P	P					PASS	phone: e-mail:
10	Present	EMT C (last retest attempt)	EMT	2R2		F									FAIL (must complete course according to NREMT Guidelines)	phone: e-mail:
11	Present	EMT E (1R2 attempt)	EMT	1R2					P						PASS	phone: e-mail:

EMTS