

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			INITIAL COURSE: <input checked="" type="checkbox"/>		
EXAM START TIME: 1800 HRS			TRANSITION COURSE REFRESHER: <input type="checkbox"/>		
EDUCATION PROGRAM NAME: ABC EDUCATION EXAMINATION SITE: MOTOWN FIRE DEPARTMENT			LEAD INSTRUCTOR: Charlie Chan		
STATE OFFICIAL or APPROVED AGENT: Robert Stevenson		DATE APPROVED BY STATE OFFICIAL: (assigned by EMS specialist)			
EXAM COORDINATOR NAME: Amanda Lynn PHONE: 218-555-6464					
PHYSICIAN MEDICAL DIRECTOR: Milton Berle, MD					
Examiners Assigned to Initial Skills Stations (cannot be the lead instructor)					
Practical Skills Exam:	Date	Name	State Cert. #	Expire Date	
Pt. Assessment - Trauma		Edwin Margrave	123456	2019	
Pt. Assessment - Medical		Thomas Raynes Gemma Lynn	234567 438759	2019 2020	
Oxygen Administration by Non-rebreather mask		Jane Angel	456789	2019	
BVM Vent. Apneic Adult Pt.		Jane Angel	456789	2020	
Cardiac Arrest Mgt./AED		Rose Dawson	789236	2019	
Spinal Immob. - Supine		Samantha Swift	987236	2019	
Random		Mortimer Beckett	976431	2020	
Examiners Assigned to Re-Test Skills Stations (cannot be the lead instructor)					
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			
The expected standards for this examination are found in the: NATIONAL REGISTRY PSYCHOMOTOR EXAMINATION USERS GUIDE – Emergency Medical Technician					

CONTINUE TO PAGE 2

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