

Psychomotor Exam Remediation Verification Form

This form may be used as official documentation to verify remediation during the psychomotor exam process.

- * Remediation Includes - review and approval by the Education Program Medical Director - or:
- * Review and approval by the Education Program Coordinator – or:
- * Review and approval by the Ambulance Medical Director the candidate is working under

CANDIDATE: _____

EDUCATION PROGRAM: _____

DATE(S) OF REMEDIATION:

1. Patient Assessment Trauma: _____
2. Patient Assessment Medical: _____
3. Oxygen Administration by NRM: _____
4. BVM Ventilation-Adult Apneic Patient: _____
5. Cardiac Arrest Management/AED: _____
6. Spinal Immobilization - Supine: _____
7. Random Skills (specify): _____

***PLEASE INDICATE THE PROCESS OF REMEDIATION AND VERIFYING SKILL COMPETENCY FOR THE CANDIDATE.**

I verify remediation has been conducted in accordance with the Minnesota EMS Regulatory Board guidelines.

Program Coordinator Signature & Date

Medical Director Signature & Date

A copy of the remediation verification form must be kept on file with the education program in accordance with the program's retention schedule or, at a minimum, the certification period of the individual.

The Mission of the EMSRB is to protect the public's health and safety through regulation and support of the EMS system.