

## EMT Initial Psychomotor Exam Approval / Verification

*This form must be submitted to the OEMS prior to the exam date for approval. Upon exam completion, this evaluation must be filled out and signed by the examination coordinator and forwarded to the Office of EMS.*

***Please submit for approval to your OEMS Specialist in Word Format***

|  |  |
| --- | --- |
| **pSYCHOMOTOR EXAMINATION DATE:**  | **LEAD INSTRUCTOR:** |
| **Exam start time:** |
| **EDUCATION PROGRAM NAME:** **Examination Site:**  |
| **STATE OFFICIAL or APPROVED AGENT:** | **EXAM ID: *(state office only)*** |
| **EXAM COORDINATOR NAME:****PHONE:**  |
| **PHYSICIAN MEDICAL DIRECTOR:****PHONE:** |
| **Examiners Assigned to Initial Skills Stations *(cannot be the lead instructor)*** |
| Practical Skills Exam: | Date | Name | State Cert. # | Expire Date |
| Pt. Assessment - Trauma |  |  |  |  |
| Pt. Assessment - Medical |  |  |  |  |
| O2 Admin by Non-rebreather mask |  |  |  |  |
| BVM Vent. Apneic Adult Pt |  |  |  |  |
| Cardiac Arrest Mgt./AED |  |  |  |  |
| Random  |  |  |  |  |
| **Examiners Assigned to Re-Test Skills Stations *(cannot be the lead instructor)*** |
| Practical Skills Exam: | Date | Name | State Cert. # | Expire Date |
| Pt. Assessment - Trauma |  |  |  |  |
| Pt. Assessment - Medical |  |  |  |  |
| O2 Admin by Non-rebreather mask |  |  |  |  |
| BVM Vent. Apneic Adult Pt |  |  |  |  |
| Cardiac Arrest Mgt./AED |  |  |  |  |
| Random  |  |  |  |  |
| The expected standards for this examination are found in the:NATIONAL REGISTRY PSYCHOMOTOR EXAMINATION USERS GUIDE – Emergency Medical Technician |
| Name of person that read the “Skill Examiner Orientation to the Psychomotor Examination found in the NREMT Psychomotor Examination Users Guide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of person that read the “Candidate Orientation to the Psychomotor Examination” found in 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 OEMS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Exam Coordinator Signature / Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Approved Agent Signature / Date** |