Identification Number: _____ Examination Date: _____
Last Name: _____ First Name: _____ Middle Initial: ___
Address: _____
City: _____ State: _____ ZIP Code: _____
Examination Site:
Name of Facility: _____
Located in: _____ State: _____
Are you only retesting three (3) or less skills today? ❑ Yes ❑ No

EMT SKILLS

	RESULTS OF FULL ATTEMPT		RESULTS OF RETEST #1		RESULTS OF RETEST #2	
	PASS	FAIL	PASS	FAIL	PASS	FAIL
1. Patient Assessment/Management – Trauma	❑	❑	❑	❑	❑	❑
2. Patient Assessment/Management – Medical	❑	❑	❑	❑	❑	❑
3. BVM Ventilation of an Apneic Adult Patient	❑	❑	❑	❑	❑	❑
4. Oxygen Administration by Non-rebreather Mask	❑	❑	❑	❑	❑	❑
5. Cardiac Arrest Management/AED	❑	❑	❑	❑	❑	❑
6. Spinal Immobilization (Supine Patient)	❑	❑	❑	❑	❑	❑
7. Random EMT Skills: Test one (1) of the following:						
Spinal Immobilization (Seated Patient)	❑	❑	❑	❑	❑	❑
Bleeding Control/Shock Management	❑	❑	❑	❑	❑	❑
Long Bone Immobilization	❑	❑	❑	❑	❑	❑
Joint Immobilization	❑	❑	❑	❑	❑	❑
YOUR OVERALL RESULTS TODAY ARE:	**PASS**		**PASS**		**PASS**	
	RETEST		**RETEST**		**FAIL**	
	FAIL					

- **You are eligible to retest if you fail three (3) or less skills when taking a full attempt.**
- **You cannot retest today if you fail four (4) or more skills when taking a full attempt.**
- **If you are eligible for retest, you must retest <u>all</u> skill(s) marked as fail.**
- **Only one (1) retest attempt can be completed at this examination today if one is offered.**
- **Failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination.**
- **Failure of the entire psychomotor examination requires remedial training before attempting the entire psychomotor examination (all seven [7] skills) on another date.**
- **Passed examination results are only valid for up to 24 months from the date of the examination, provided all other "Entry Requirements" for NREMT are met.**

SIGNATURE OF STATE EMS OFFICIAL:_____
COMMENTS:_____
_____
_____

CANDIDATE'S STATEMENT

By my signature, I affirm that I was oriented to the psychomotor examination by the State EMS Official or the approved agent. I agree to fully abide by all policies of the State EMS Office and the National Registry of Emergency Medical Technicians. I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I also understand that my attendance at today's examination does not guarantee my eligibility for certification by the National Registry of EMTs or subsequent state licensure.

I affirm that the psychomotor examination complaint process has been explained to me. I understand that I must contact the State EMS Official or approved agent immediately if I feel I have been discriminated against or experienced any type of equipment malfunction in any skill. I further understand that my complaints **will not be accepted** if I do not file my complaints today before leaving this site and before I am informed of my psychomotor examination results. I understand that the National Registry of EMTs will not explain any specific errors in my performance. All examination results are preliminary and unofficial until they have been formally processed and reported by the State EMS Official or approved agent.

I hereby affirm and declare that all information entered on this form is truthful, correct, and matches my true identity which coincides with my entry on the official roster for this examination. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the State EMS Office and the National Registry of EMTs in conjunction with all of my previously reported official psychomotor examination results. I also understand that making threats toward the State EMS Official, agent, or any examination staff; the use of unprofessional (foul) language; or committing other types of irregular behavior may be sufficient cause to invalidate the results of the examination, to terminate participation in an ongoing examination, to withhold or revoke scores or certification, or to take other appropriate action. If my name was not read as part of the official roster for today's examination, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

SIGNATURE: _____ DATE: _____