



**EMERGENCY MEDICAL RESPONDER
EMERGENCY MEDICAL TECHNICIAN
PSYCHOMOTOR EXAMINATION
QUALITY ASSURANCE COMMITTEE REPORT FORM**

Candidate: _____ Exam Site: _____

Date: _____ Skill: _____

Examiner: _____ Examiner Phone #: _____

After reviewing the facts as presented, the Quality Assurance Committee's official decision is as follows:

_____ Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).

_____ Complaint is not valid after consideration of the facts and all results in question stand as reported.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the Quality Assurance Committee's decision by the In-charge person.

Signature or name of Physician Medical Director: _____

Signature of Examination Coordinator: _____

Signature of State EMS Official or approved agent: _____

As the complainant, I have been informed of the Quality Assurance Committee's official and final decision.

Signature of Candidate: _____ Date: _____

This form should be submitted to the State EMS Office along with all examination materials to the psychomotor exam request in LMS.

In cases where a specific performance, treatment protocol, or other situations arise in which the Exam Coordinator needs assistance to objectively make a final determination, he/she may convene a meeting of the Quality Assurance Committee. The Committee should meet and discuss all matters related to the specific situation in question. Each member then has one vote with the majority vote ruling as the official decision of the Quality Assurance Committee. The Exam Coordinator should complete the Quality Assurance Committee Review Form and submit it along with all other examination materials to the State EMS Office.

Updated 7.2022