

**EMERGENCY MEDICAL RESPONDER AND
EMERGENCY MEDICAL TECHNICIAN PSYCHOMOTOR
EXAMINATION
QUALITY ASSURANCE COMMITTEE REVIEW FORM**

We, the Quality Assurance Committee, met to review the following situation and all related facts as documented below:

Nature of Situation: _____

Summary of Facts (use back side of form if necessary): _____

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

Signature or name of Physician Medical Director: _____

Signature of Examination Coordinator: _____

Signature of State EMS Official or approved agent: _____

Exam Site: _____ Date: _____

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