

EMR/EMT Psychomotor Examination Report Form

Name: _____
 Last Name First Name Middle Initial

Address: _____
 Number & Street

City State Zip Code

Exam Site: _____ Date: _____

EMR/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 (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		RETEST	
	FAIL		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 all 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.

Examination Coordinator: _____
 Signature Date

Candidate: _____
 Signature Date

Comments: _____
