SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention ~ protection ~ enforcement

SOUTH DAKOTA
EMS

# EMT COURSE
# COORDINATOR'S GUIDE

**Revised December 2011**

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# INTRODUCTION

The South Dakota Emergency Medical Services Office is charged with ensuring quality in pre-hospital emergency medical care and continues to regard the staffing of ambulance services in the State as a high priority. As the Course Coordinator, you are responsible for conducting each course in accordance with National Educational Standards and State policy. Ultimately, you are preparing each student for certification. Contact the Emergency Medical Specialist in your area for any questions you may have.

The information within this guide is provided to support you, the Course Coordinator, in preparing and conducting an EMT course. This guide is designed to assist you with the steps necessary to implement a course as well as the necessary forms. The forms can be used as “masters” to be copied as necessary.

# South Dakota Department of Public Safety
# Emergency Medical Services Staff

### Emergency Medical Services, Director

Danny Hayes, Director
Emergency Medical Services
South Dakota Department of Public Safety
118 W Capitol Avenue
Pierre, South Dakota 57501
Phone: (605) 773-4031
Fax: (605) 773-6631
E-mail: daniel.hayes@state.sd.us

### Central Emergency Medical Specialist

Robert Hardwick, EMT-Intermediate/99
Emergency Medical Services
South Dakota Department of Public Safety
118 W Capitol Avenue
Pierre, SD 57501
Phone: (605) 773-4031
Fax: (605) 773-6631
E-mail: bob.hardwick@state.sd.us

### Training Coordinator

Audra Evans, NREMT-I/85
Emergency Medical Services
South Dakota Department of Public Safety
118 W Capitol Avenue
Pierre, South Dakota 57501
Phone: (605) 773-4031
Fax: (605) 773-6631
E-mail: audra.evans@state.sd.us

### Southeast Emergency Medical Specialist

Vacant
Emergency Medical Services
South Dakota Department of Public Safety
3205 S. Meadow Ave.
Sioux Falls, SD 57106
Phone: (605) 362-3600
Fax: (605) 362-3600
E-mail: Vacant

### West River Emergency Medical Specialist

Marilyn Rutz, NREMT-P
Emergency Medical Services
South Dakota Department of Public Safety
510 Campbell Street
Rapid City, South Dakota 57703
Phone: (605) 394-6027
Fax: (605) 394-3360
E-mail: marilyn.rutz@state.sd.us

### Secretary

Aspen Joiner
Emergency Medical Services
South Dakota Department of Public Safety
118 W Capitol Avenue
Pierre, SD 57501
Phone: (605) 773-4031
Fax: (605) 773-6631
E-mail: aspen.joiner@state.sd.us

# CHAPTER ONE

## RESPONSIBILITIES OF THE COURSE COORDINATOR

We recommend that you use the NHTSA National Educations Standards for developing your course of instruction as your students will be tested on these standards.

Student textbooks can be purchased from the publisher or bookstore of your choice. A list of EMS publishers is available to you through the South Dakota Department of Public Safety Web Site http://dps.sd.gov/emergency_services/emergency_medical_services/emt_courses_training.aspx Student textbooks are mandatory while student workbooks are recommended. Additional programs or software that publishers offer are at the discretion of the Course Coordinator.

The information that follows is to clarify the steps and to provide you with the forms that you as the course coordinator are required to provide, when conducting an EMT Course.

### General Course Coordinator Standards

1. Act as a liaison between students, sponsoring agency, local medical community, clinical sites, and State EMS Office.

2. Assure completion of course goals, objectives, information, training standards, registrations, and administrative requirements.

3. Ensure all equipment required for the course is available, is clean, and is in appropriate working condition and each student has adequate amount of practical time.

4. Ensure all secondary instructors are present for their course assignments; ensure all assistants are knowledgeable and competent in the subject matter; and, ensure instructors are certified at or above the level they are instructing.

### Pre-Course Requirements and Recommendations

1. Recommendation: Complete an Instructor/Coordinator Course or equivalent.

2. Recommendation: Purchase professional liability insurance.

3. Submit, to the EMS Office, an EMT *Application to Conduct Course* with syllabus and appropriate signatures no less than 30 days prior to start of class.

4. Recommendation: Advertise and/or announce course within 50 mile radius of course location.

5. Purchase or secure all needed textbooks, workbooks, audio/visual equipment, software, etc. needed for course.

6. Contact Emergency Medical Specialist to schedule class opening at least two weeks prior to start of class.

***Pre-Course Check List***

____ Application to Conduct Course submitted to State EMS Office.
____ Purchase of all needed books, equipment, software, etc.
____ Contacted Emergency Medical Specialist to schedule class opening

**Conducting Course Requirements and Recommendations**

1. Once the course is approved and a class number is assigned, register your class with the National Registry of EMT's. (www.nremt.org)

2. It is essential to maintain attendance rosters. Students missing more than 3 classes should be dismissed from the course.

3. It is highly recommended that quizzes and tests, based on National Standards, are given to students. Strive for 80% or greater.

4. Coordinate or contract with approved hospitals and/or ambulance services to ensure students are scheduled and complete all required observation hours.

5. At a minimum, two weeks prior to testing, each student must complete their application with the National Registry, including payment.

***Conducting Course Check List***

____ Register class with National Registry.
____ Maintain student rosters.
____ Schedule students with approved hospitals or ambulance services to complete required observation hours.
____ Have student register and pay National Registry testing fee.

**Course Ending**

1. Check the course completion box for each student who has successfully completed the requirements for the course. This can be found by logging into your National Registry account and under course completion.

2. Administer a final cognitive exam over the course material. It is essential students pass the class final prior to taking the National Registry examination.

3. Administer a final psychomotor exam over the National Registry skills sheets. It is essential students pass the psychomotor exam prior to taking the National Registry examination.

4. Based on the level taught, ensure all forms required by the State EMS Office are complete and submitted at the practical exam site.

5. Contact Emergency Medical Specialist for the class closing.

6. Report to the State EMS Office of any students NOT testing or who have dropped from the class.

<u>Emergency Medical Technician Forms</u>

1) Emergency Room/Ambulance Observation
2) Preceptor evaluation form
3) Vital Sign evaluation form
4) Patient Assessment
5) Class Evaluation

***Course Ending Check List***

____ Sign off students with National Registry
____ Administer final written and practical exams
____ Ensure all forms are complete as required by State EMS Office
____ Contact Emergency Medical Specialist for class closing
____ Report student roster changes to State EMS Office

# CHAPTER TWO

## COURSE AND CLINICAL REQUIREMENTS

The Emergency Medical Technician course follows National Highway Traffic Safety Administration (NHTSA) National Educational Standards. The course standards are performance and competency based. This means, in addition to classroom performance, each student must successfully complete and show competency in clinical and internship settings. Course coordinators should adjust classroom and clinical schedules accordingly.

### Emergency Medical Technician Course

Although competency based, it is estimated that an initial EMT course classroom will be approximately 165 hours.

In addition, each student will have to successfully complete the following clinical skills:

1) Minimum 10 hours in an emergency department or on an ambulance service, at approved sites.
2) Complete 10 patient assessments on live patients or standardized patients.

### Student Requirements

The following requirements must be met by students in order to attend courses and take the National Registry practical and CBT exams:

1) Be 18 years of age
2) Have completed all clinical skills and must submit required documents to State
3) Be signed off by Course Coordinator as completing the course

Students with felonious backgrounds must inform their course coordinator and the State EMS Office, either through the Emergency Medical Specialist in the area or the Pierre office. All students must adhere to the National Registry Felony Policy.

## CHAPTER THREE

## RESPONSIBILITIES OF THE STATE EMS OFFICE

1. Approve course applications and assign course numbers.

2. Assist the Course Coordinator in setting up the course.

3. Conduct class openings and closings.

4. Act as a liaison in the event of any conflicts within the course.

5. Send letters of acceptance to each student for the practical exam with date, time, location, and required materials.

6. Conducting National Registry practical exams.

7. Review and file course documents for quality assurance/improvement.

# APPENDIX A

# APPLICATION TO CONDUCT TRAINING

# EMERGENCY MEDICAL TECHNICIAN

# EMERGENY MEDICAL TECHNCIAN (EMT)
# TRAINING COURSE AUTHORIZATION REQUEST

SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF EMERGENCY MEDICAL SERVICES
118 W CAPITOL AVENUE
PIERRE, SD 57501
TELEPHONE (605) 773-4031 FAX (605) 773-6631

11/2011

INSTRUCTIONS: Type or print clearly. This request must be completed by the course coordinator and submitted to OEMS at least **four weeks** prior to beginning the course. Please keep a copy for your records.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Type of Training | ☐ EMT-INITIAL | | | | | | | Projected Student Number | | |
| Physical Location of Course | | | | | | | | | | |
| Address | | | | City | | | | State | Zip | |
| Start Date | | | | End Date | | | | Total Estimated | | |
| Courses will be held on (Click all that apply) | ☐ Su | ☐ M | ☐ Tu | ☐ W | ☐ Th | ☐ F | ☐ Sa | Meeting Time | | |
| Course Coordinator | | | | | | | | | State EMS # | |
| Address | | | | City | | | | State | Zip | |
| Email | | | | Telephone # | | | | | | |
| Primary Instructor | | | | | | | | | State EMS # | |
| Physician Medical Director | | | | | | | | | License # | |
| Textbook Used | | | | | | | Publisher | | Edition | |
| State Practical Test Date (Initial EMT Only) | | | | | | | | | | |
| ALS Licensed Ambulance Service (for clinical Purposes) | | | | | | | | | | |
| Name of Participating Hospital (for clinical purposes) | | | | | | | | | | |

AS THE CLASS COORDINATOR I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE USE OF CLASSROOM FACILITIES, PREPARE AND INPLEMENT CLASS SCHEDULES, ARRANGE AND SCHEDULE IN-HOSPITAL OBSERVATION AND TRAINING, AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE APPROPIRATE STANDARD CURRICULM THROUGHOUT THE COURSE. SCHEDULE FOR INITIAL COURSES MUST BE SUBMITTED WITH REQUEST TO THE OEMS.

_____ Signature of Course Coordinator

_____ Date

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON COURSE APPROVAL. **PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE. PLEASE NOTE: AN EMS REGISTRATION FORM FOR EVERY STUDENT MUST BE SUBMITTED AT BEGINNING OF INITIAL COURSES FOR EVERY STUDENT IN THE COURSE.**

## OEMS USE ONLY

| | |
|---|---|
| Course Authorization # | Posted on Website |

# EMERGENCY MEDICAL TECHNICIAN – EMT
# MEDICAL DIRECTOR AGREEMENT

Initial Course Only

| Physician Name | | |
|---|---|---|
| Mailing Address | | |
| City | State | Zip Code |

**Responsibilities of Physician Medical Director**

-Obtain approval from the hospital medical staff(s) (providing clinical training) to initiate an Advanced Emergency Medical Technician Course

-Assure overall direction and coordination of the planning, organization, administration, periodic review, continued development and effectiveness of the program.

-Oversee that the course is conducted as outlined in the Education Standards -Oversee the quality of instruction and clinical experience

-Oversee course compliance with all applicable board regulations -Critique patient care during training and assure maintenance of written documentation of same

-Participate in review of student applications and selection

-Review results of interim examinations -Assure each student has appropriate liability insurance

As Physician Medical Director of the Advanced Emergency Medical Technician (AEMT) course, I agree to previous mentioned responsibilities and reserve the right to withdraw this agreement at any time. In order to withdraw this agreement it must be submitted in writing the Office of Emergency Medical Services.

_____ _____

Signature of Physician Medical Director Date

_____

SD License Number

# EMERGENCY MEDICAL TECHNICIAN – EMT
# MEDICAL DIRECTOR SUPPORT

Initial Course Only

| | | |
|---|---|---|
| Hospital Name | | |
| Mailing Address | | |
| City | State | Zip Code |
| ER Director | | |

A signed copy of this form or equivalent contract must be submitted to the OEMS for each hospital used.

As ER Director of above mentioned hospital, I support the initiation of an Emergency Medical Technician (EMT) Training Program and agree that the students enrolled in this program may do their clinical training skills in this hospital. I may withdraw this agreement at any time by submitting the request in writing to the Training Program Director and the Office of EMS (OEMS).

_____ _____

Signature of ER Director Date

# EMERGENCY MEDICAL TECHNICIAN – EMT
# ALS AMBULANCE SERVICE SUPPORT

Initial Course Only

| Service Name | | |
|---|---|---|
| Mailing Address | | |
| City | State | Zip Code |
| Director/Manager | | |

A signed copy of this form or equivalent must be submitted to the OEMS for each ALS service used.

As director of above mentioned ambulance service I agree to provide a setting for conducting the ALS clinical for the EMT training program to be held at named city. I understand the ALS ambulance experience will involve the EMT students observing and participating under supervision in all aspects of patient care as carried out by this service. The ambulance clinical experience will be under the supervision of the medical director of the service on record. I understand this agreement may be terminated under written notice to the training program director and the Office of EMS.

_____ _____

Signature of Ambulance Service Director/Manager Date

# Schedule for EMT Course – EMT Education Standards

| Estimated Time | Date | Lesson | Instructor |
|---|---|---|---|
| **Preparatory** | | | |
| 1 Hour | _____ | EMS Systems | _____ |
| 2 Hours | _____ | Workforce Safety & Wellness | _____ |
| 3 Hours | _____ | Communications and Documentation | _____ |
| 3 Hours | _____ | Medical/Legal and Ethics | _____ |
| 3 Hours | _____ | Anatomy and Physiology | _____ |
| 2 Hours | _____ | Life Span Development | _____ |
| 1 Hour | _____ | Public Health | _____ |
| 1 Hour | _____ | Evaluation: Preparatory | _____ |
| **Pharmacology** | | | |
| 1 Hour | _____ | Principles of Pharmacology | _____ |
| 2 Hours | _____ | Emergency Medications and Administration | _____ |
| 1 Hour | _____ | Practical Skills Lab: Pharmacology | _____ |
| 1 Hour | _____ | Evaluation: Pharmacology | _____ |
| **Airway Management, Respiration and Artificial Ventilation** | | | |
| 2 Hours | _____ | Airway Management | _____ |
| 4 Hours | _____ | Respiration and Ventilation | _____ |
| 4 Hours | _____ | Practical Skills Lab: Airway | _____ |
| 1 Hour | _____ | Evaluation: Airway | _____ |
| **Patient Assessment** | | | |
| 1 Hour | _____ | Scene Size-Up | _____ |
| 1 Hour | _____ | Primary Assessment | _____ |
| 2 Hours | _____ | History Taking | _____ |
| 3 Hours | _____ | Secondary Assessment | _____ |
| 2 Hours | _____ | Reassessment and Monitoring Devices | _____ |
| 8 Hours | _____ | Practical Skills Lab: Patient Assessment | _____ |
| 1 Hour | _____ | Evaluation: Patient Assessment | _____ |
| **Medical** | | | |
| 2 Hours | _____ | Medical Overview | _____ |
| 2 Hours | _____ | Neurology | _____ |
| 2 Hours | _____ | Abdominal and Gastrointestinal Disorders | _____ |
| 2 Hours | _____ | Immunology | _____ |
| 2 Hours | _____ | Endocrine | _____ |
| 2 Hours | _____ | Psychiatric | _____ |
| 5 Hours | _____ | Cardiovascular | _____ |
| 2 Hours | _____ | Toxicology | _____ |
| 2 Hours | _____ | Respiratory | _____ |
| 1 Hour | _____ | Hematology and Renal | _____ |
| 1 Hour | _____ | Gynecology | _____ |
| 8 Hours | _____ | Practical Skills Lab: Medical | _____ |
| 1-Hour | _____ | Evaluation: Medical/Behavioral | _____ |

| Estimated Time | Date | Lesson | Instructor |
|---|---|---|---|

## Shock and Resuscitation

| | | | |
|---|---|---|---|
| 3 Hours | _____ | Shock | _____ |
| 4 Hours | _____ | BLS Resuscitation - CPR | _____ |
| 4 Hours | _____ | Practical Skills Lab: Shock and Resuscitation | _____ |
| 1 Hour | _____ | Evaluation: Shock and Resuscitation | _____ |

## Trauma

| | | | |
|---|---|---|---|
| 2 Hours | _____ | Trauma Overview | _____ |
| 2 Hours | _____ | Bleeding | _____ |
| 2 Hours | _____ | Chest Trauma | _____ |
| 2 Hours | _____ | Abdominal and Genitourinary Trauma | _____ |
| 4 Hours | _____ | Orthopedic Trauma | _____ |
| 4 Hours | _____ | Soft Tissue Trauma | _____ |
| 6 Hours | _____ | Head, Facial, Neck and Spine Trauma | _____ |
| 2 Hours | _____ | Special Considerations in Trauma | _____ |
| 3 Hours | _____ | Environmental Emergencies | _____ |
| 1 Hour | _____ | Multi-System Trauma | _____ |
| 8 Hours | _____ | Practical Skills Lab: Trauma | _____ |

## Special Patient Populations

| | | | |
|---|---|---|---|
| 3 Hours | _____ | Obstetrics and Neonatal Care | _____ |
| 3 Hours | _____ | Pediatrics | _____ |
| 4 Hours | _____ | Geriatrics | _____ |
| 2 Hours | _____ | Patients with Special Challenges | _____ |
| 3 Hours | _____ | Practical Skills Lab: Special Patient Population | _____ |
| 1 Hour | _____ | Evaluation: Special Patient Population | _____ |

## Operations

| | | | |
|---|---|---|---|
| 1 Hour | _____ | Principles of Operating an Ambulance | _____ |
| 4 Hours | _____ | Incident Management | _____ |
| 2 Hours | _____ | Mass Casualty Incidents | _____ |
| 1 Hour | _____ | Vehicle Extrication | _____ |
| 2 Hours | _____ | HazMat Awareness and Terrorism | _____ |
| 8 Hours | _____ | Practical Skills Lab: Operations | _____ |
| 1 Hour | _____ | Evaluation: Operations | _____ |

## Testing

| | | | |
|---|---|---|---|
| Practical | _____ | National Registry Practical Exam | Administered by State EMS Staff |
| Written | _____ | National Registry Computer Based Test | Administered by Pearson Vue |

# APPENDIX B

# NATIONAL REGISTRY PRACTICAL SKILLS SHEETS

# EMERGENCY MEDICAL TECHNICIAN

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

## PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Scenario #: _____

**Actual Time Started:**

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| **SCENE SIZE-UP** | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional help if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| **PRIMARY SURVEY/RESUSCITATION** | | |
| Verbalizes general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness (AVPU) | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Assesses airway and breathing<br>-Assessment (1 point)<br>-Assures adequate ventilation (1 point)<br>-Initiates appropriate oxygen therapy (1 point) | 3 | |
| Assesses circulation<br>-Assesses/controls major bleeding (1 point)<br>-Checks pulse (1 point)<br>-Assesses skin [either skin color, temperature or condition] (1 point) | 3 | |
| Identifies patient priority and makes treatment/ transport decision | 1 | |
| **HISTORY TAKING** | | |
| History of the present illness<br>-Onset (1 point) -Quality (1 point) -Severity (1 point)<br>-Provocation (1 point) -Radiation (1 point) -Time (1 point)<br>-Clarifying questions of associated signs and symptoms related to OPQRST (2 points) | 8 | |
| Past medical history<br>-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)<br>-Medications (1 point) -Last oral intake (1 point) | 5 | |
| **SECONDARY ASSESSMENT** | | |
| Assesses affected body part/system<br>-Cardiovascular -Neurological -Integumentary -Reproductive<br>-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social | 5 | |
| **VITAL SIGNS** | | |
| -Pulse (1 point) -Respiratory rate and quality (1 point each)<br>-Blood pressure (1point) | 4 | |
| States field impression of patient | 1 | |
| Interventions [verbalizes proper interventions/treatment] | 1 | |
| **REASSESSMENT** | | |
| Demonstrates how and when to reassessment the patient to determine changes in condition | 1 | |
| Provides accurate verbal report to arriving EMS unit | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 42 | |

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**Critical Criteria**

___ Failure to initiate or call for transport of the patient within 15 minute time limit
___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to determine scene safety before approaching patient
___ Failure to voice and ultimately provide appropriate oxygen therapy
___ Failure to assess/provide adequate ventilation
___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
___ Orders a dangerous or inappropriate intervention
___ Failure to provide accurate report to arriving EMS unit
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

| **Comments:** |
| --- |
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## National Registry of Emergency Medical Technicians®
## Emergency Medical Technician Psychomotor Examination

### PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Scenario #: _____

**NOTE: Areas denoted by "**" may be integrated within sequence of Primary Survey/Resuscitation**

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| **SCENE SIZE-UP** | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional EMS assistance if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| **PRIMARY SURVEY/RESUSCITATION** | | |
| Verbalizes general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Airway<br>-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point) | 2 | |
| Breathing<br>-Assesses breathing (1 point)<br>-Assures adequate ventilation (1 point)<br>-Initiates appropriate oxygen therapy (1 point)<br>-Manages any injury which may compromise breathing/ventilation (1 point) | 4 | |
| Circulation<br>-Checks pulse (1 point)<br>-Assesses skin [either skin color, temperature or condition] (1 point)<br>-Assesses for and controls major bleeding if present (1 point)<br>-Initiates shock management [positions patient properly, conserves body heat] (1 point) | 4 | |
| Identifies patient priority and makes treatment/ transport decision (based on calculated GCS) | 1 | |
| **HISTORY TAKING** | | |
| Attempts to obtain sample history | 1 | |
| **SECONDARY ASSESSMENT** | | |
| Head<br>-Inspects mouth**, nose** and assesses facial area (1 point)<br>-Inspects and palpates scalp and ears (1 point)<br>-Assesses eyes** (1 point) | 3 | |
| Neck**<br>-Checks position of trachea (1 point)<br>-Checks jugular veins (1 point)<br>-Palpates cervical spine (1 point) | 3 | |
| Chest**<br>-Inspects chest (1 point)<br>-Palpates chest (1 point)<br>-Auscultates chest (1 point) | 3 | |
| Abdomen/pelvis**<br>-Inspects and palpates abdomen (1 point)<br>-Assesses pelvis (1 point)<br>-Verbalizes assessment of genitalia/perineum as needed (1 point) | 3 | |
| Lower extremities**<br>-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg) | 2 | |
| Upper extremities<br>-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm) | 2 | |
| Posterior thorax, lumbar and buttocks**<br>-Inspects and palpates posterior thorax (1 point)<br>-Inspects and palpates lumbar and buttocks areas (1 point) | 2 | |
| **VITAL SIGNS** | | |
| Obtains baseline vital signs [must include BP, P, RR] (1 point) | 1 | |
| Manages secondary injuries and wounds appropriately | 1 | |
| **REASSESSMENT** | | |
| Demonstrates how and when to reassesses the patient | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 42 | |

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**Critical Criteria**

___ Failure to initiate or call for transport of the patient within 10 minute time limit
___ Failure to take or verbalize body substance isolation precautions
___ Failure to determine scene safety
___ Failure to assess for and provide spinal protection when indicated
___ Failure to voice and ultimately provide high concentration of oxygen
___ Failure to assess/provide adequate ventilation
___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
___ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
___ Performs other assessment before assessing/treating threats to airway, breathing and circulation
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form in the space below***

| **Comments:** |
| --- |
| |
| |
|

**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

## OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Gathers appropriate equipment | 1 | |
| Cracks valve on the oxygen tank | 1 | |
| Assembles the regulator to the oxygen tank | 1 | |
| Opens the oxygen tank valve | 1 | |
| Checks oxygen tank pressure | 1 | |
| Checks for leaks | 1 | |
| Attaches non-rebreather mask to correct port of regulator | 1 | |
| Turns on oxygen flow to prefill reservoir bag | 1 | |
| Adjusts regulator to assure oxygen flow rate of at least 10 L/minute | 1 | |
| Attaches mask to patient's face and adjusts to fit snugly | 1 | |
| **TOTAL** | 11 | |

**Actual Time Ended:** _____

**Critical Criteria**

___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to assemble the oxygen tank and regulator without leaks
___ Failure to prefill the reservoir bag
___ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
___ Failure to assure a tight mask seal to patient's face
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

**Comments:**

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**National Registry of Emergency Medical Technicians®**
**Emergency Medical Technician Psychomotor Examination**

## BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:**

| | | Possible Points | Points Awarded |
|---|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | | 1 | |
| Checks responsiveness | ***NOTE:*** *After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."* | 1 | |
| Checks breathing | | 1 | |
| Requests additional EMS assistance | | 1 | |
| Checks pulse for at least 5 but no more than 10 seconds | | 1 | |
| ***NOTE:*** *The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."* | | | |
| Opens airway properly | | 1 | |
| ***NOTE:*** *The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."* | | | |
| Prepares rigid suction catheter | | 1 | |
| Turns on power to suction device or retrieves manual suction device | | 1 | |
| Inserts rigid suction catheter without applying suction | | 1 | |
| Suctions the mouth and oropharynx | | 1 | |
| ***NOTE:*** *The examiner must now inform the candidate, "The mouth and oropharynx are clear."* | | | |
| Opens the airway manually | | 1 | |
| Inserts oropharyngeal airway | | 1 | |
| ***NOTE:*** *The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."* | | | |
| **Ventilates the patient immediately using a BVM device unattached to oxygen<br>[**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.] | | 1 | |
| ***NOTE:*** *The examiner must now inform the candidate that ventilation is being properly performed without difficulty.* | | | |
| Re-checks pulse for at least 5 but no more than 10 seconds | | 1 | |
| Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute] | | 1 | |
| Ventilates the patient adequately<br>-Proper volume to make chest rise (1 point)<br>-Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point) | | 2 | |
| ***NOTE:*** *The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"* | | | |
| **Actual Time Ended:** _____ | **TOTAL** | 17 | |

**Critical Criteria**

___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
___ Failure to take or verbalize body substance isolation precautions
___ Failure to suction airway before ventilating the patient
___ Suctions the patient for an excessive and prolonged time
___ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
___ Failure to check pulse for at least 5 seconds but no more than 10 seconds
___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
___ Insertion or use of any adjunct in a manner dangerous to the patient
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

***You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).***

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**Emergency Medical Technician Psychomotor Examination**

## CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:** _____

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Determines the scene/situation is safe | 1 | |
| Attempts to question bystanders about arrest events | 1 | |
| Checks patient responsiveness | 1 | |
| ***NOTE: The examiner must now inform the candidate, "The patient is unresponsive."*** | | |
| Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)] | 1 | |
| ***NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."*** | | |
| Checks carotid pulse [no more than 10 seconds] | 1 | |
| ***NOTE: The examiner must now inform the candidate, "The patient is pulseless."*** | | |
| Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely] | 1 | |
| Requests additional EMS response | 1 | |
| Performs 2 minutes of high quality, 1-rescuer adult CPR<br>Adequate depth and rate (1 point)<br>Correct compression-to-ventilation ratio (1 point)<br>Allows the chest to recoil completely (1 point)<br>Adequate volumes for each breath (1 point)<br>Minimal interruptions of less than 10 seconds throughout (1 point) | 5 | |
| ***NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.*** | | |
| Turns-on power to AED | 1 | |
| Follows prompts and correctly attaches AED to patient | 1 | |
| Stops CPR and ensures all individuals are clear of the patient during rhythm analysis | 1 | |
| Ensures that all individuals are clear of the patient and delivers shock from AED | 1 | |
| Immediately directs rescuer to resume chest compressions | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 18 | |

**Critical Criteria**

___ Failure to take or verbalize appropriate body substance isolation precautions
___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
___ Failure to deliver shock in a timely manner
___ Interrupts CPR for more than 10 seconds at any point
___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
___ Failure to operate the AED properly
___ Failure to correctly attach the AED to the patient
___ Failure to assure that all individuals are clear of patient during rhythm analysis **and** before delivering shock(s) [verbalizes "All clear" and observes]
___ Failure to immediately resume compressions after shock delivered
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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## SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

**Actual Time Started:**

| | Possible Points | Points Awarded |
|---|---|---|
| Takes or verbalizes body substance isolation precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory, and circulatory functions in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device appropriately | 1 | |
| Directs movement of the patient onto the device without compromising the integrity of the spine | 1 | |
| Applies padding to voids between the torso and the device as necessary | 1 | |
| Immobilizes the patient's torso to the device | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Immobilizes the patient's head to the device | 1 | |
| Secures the patient's legs to the device | 1 | |
| Secures the patient's arms to the device | 1 | |
| Reassesses motor, sensory, and circulatory function in each extremity | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 14 | |

**Critical Criteria**

___ Did not immediately direct or take manual stabilization of the head
___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
___ Released or ordered release of manual stabilization before it was maintained mechanically
___ Manipulated or moved the patient excessively causing potential for spinal compromise
___ Head immobilized to the device **before** device sufficiently secured to the torso
___ Patient moves excessively up, down, left, or right on the device
___ Head immobilization allows for excessive movement
___ Upon completion of immobilization, head is not in a neutral, in-line position
___ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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## SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

| **Actual Time Started:** | **Possible Points** | **Points Awarded** |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory, and circulatory functions in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device behind the patient | 1 | |
| Secures the device to the patient's torso | 1 | |
| Evaluates torso fixation and adjusts as necessary | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Secures the patient's head to the device | 1 | |
| Verbalizes moving the patient to a long backboard | 1 | |
| Reassesses motor, sensory, and circulatory function in each extremity | 1 | |
| **Actual Time Ended: _____** **TOTAL** | 12 | |

**Critical Criteria**

___ Did not immediately direct or take manual stabilization of the head
___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
___ Released or ordered release of manual stabilization before it was maintained mechanically
___ Manipulated or moved the patient excessively causing potential spinal compromise
___ Head immobilized to the device **before** device sufficiently secured to the torso
___ Device moves excessively up, down, left, or right on the patient's torso
___ Head immobilization allows for excessive movement
___ Torso fixation inhibits chest rise, resulting in respiratory compromise
___ Upon completion of immobilization, head is not in a neutral, in-line position
___ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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## BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

| **Actual Time Started:** | **Possible Points** | **Points Awarded** |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Applies direct pressure to the wound | 1 | |
| *NOTE: The examiner must now inform the candidate that the wound continues to bleed.* | | |
| Applies tourniquet | 1 | |
| *NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.* | | |
| Properly positions the patient | 1 | |
| Administers high concentration oxygen | 1 | |
| Initiates steps to prevent heat loss from the patient | 1 | |
| Indicates the need for immediate transportation | 1 | |
| **Actual Time Ended:** _____ **TOTAL** | 7 | |

**Critical Criteria**

___ Did not take or verbalize body substance isolation precautions
___ Did not administer high concentration of oxygen
___ Did not control hemorrhage using correct procedures in a timely manner
___ Did not indicate the need for immediate transportation
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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## LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

| **Actual Time Started:** | **Possible Points** | **Points Awarded** |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| *NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."* | | |
| Measures the splint | 1 | |
| Applies the splint | 1 | |
| Immobilizes the joint above the injury site | 1 | |
| Immobilizes the joint below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Immobilizes the hand/foot in the position of function | 1 | |
| Reassesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| *NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."* | | |
| **Actual Time Ended:** _____ **TOTAL** | 10 | |

**Critical Criteria**

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the joint above and the joint below the injury site
___ Did not immobilize the hand or foot in a position of function
___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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## JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

| **Actual Time Started:** | **Possible Points** | **Points Awarded** |
|---|---|---|
| Takes or verbalizes appropriate body substance isolation precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| *NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."* | | |
| Selects the proper splinting material | 1 | |
| Immobilizes the site of the injury | 1 | |
| Immobilizes the bone above the injury site | 1 | |
| Immobilizes the bone below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Reassesses distal motor, sensory, and circulatory functions in the injured extremity | 1 | |
| *NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."* | | |
| **Actual Time Ended:** _____ **TOTAL** | 9 | |

**Critical Criteria**

___ Did not immediately stabilize the extremity manually
___ Grossly moves the injured extremity
___ Did not immobilize the bone above and below the injury site
___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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# APPENDIX C

# NATIONAL REGISTRY REGISTRATION SHEETS

# Program Directors!

## How to Authorize Your Students to Take an NREMT Exam

**As program director, you are responsible for verifying when your students have completed a state-approved EMS course.**

**Detailed instructions on how to make the necessary verifications are below.** If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

## Step 1

### Login

- Go to www.nremt.org
- From the main page, click on 'Login' (found in the blue bar at the top of the page)
- Enter your Username and Password and proceed as prompted
- Click on 'Login'

## Step 2

### Verification of Course Completion

To verify course completion, click on 'Course Completion Verification' on the left side of the screen.

- Review all the requirements listed and possible responses:
  1. This is 'Not our student' (Not Our Student)
  2. This student 'Did not successfully complete program requirements' (No Course Completion)
  3. This student, 'Successfully completed program requirements as well as CPR and skill competency' (Successful Course Completion)
- Go to 'Registration Level'. Use the pull-down arrow to select your choice
- Click on 'Select'
- You will see a list of candidates who indicated they were part of your education program (last name and last four digits of their Social Security Number). The date in the 'Course Completion Date' column is the date provided by the candidate on their application. If the date is not correct, you may edit this field (note: only the month and year are recorded)
- For each candidate, review the information and click on the appropriate statement as prompted
- Read the statement in the box at the end of your student list.

  **By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application**
- Once you have processed a student on the list, they will be removed

## Step 3

### Practical Exam Verification

#### First Responder and EMT-Basic

If your State permits, you will need to verify the Psychomotor (Practical) Examination of your students.

- To verify skills, click on 'Practical Exam Verification' on the left hand side of the screen
- Review all the requirements listed. As Program Director you will indicate one of the following responses:
  1. 'Not Our Student' or 'Failed Final Attempt'
  2. 'Successfully Completed Practical Examination' (Successful Practical Skills Completion)
- Click on 'Search'
- You will see a list of candidates who indicated they were part of your education program as in Step 2. Proceed as prompted
- Read the statement in the box at the end of your student list

  **By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application**
- Once you have processed a student on the list, they will be removed

#### Intermediate and Paramedic

Advanced level candidates (Intermediate and Paramedic) may take the psychomotor evaluation (practical exam) following completion of the didactic and laboratory portions of an approved program if permitted by the program director and the State EMS Licensing Agency.

Advanced level psychomotor examinations will be verified by NREMT Advanced Level Representatives.

*Please refer to the NREMT website for the most current policies and procedures.*
*Revised 8/2010*

# EMS Students!

## Follow These Steps to Take The NREMT Exam

Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

### Step 1: Create Your Account

- Go to nremt.org and click on 'Login' (found in the blue bar at the top of the NREMT home page).
- Click on 'Set Up New Account' and follow the instructions.

### Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

### Step 3: Manage Your Account Information

- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

**Read this to avoid delay!** *Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!*

### Step 4: Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

### Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

**Read this to avoid delay!** *An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.*

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

### Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

**Read this to avoid delay!** *You will only see 'Print ATT Letter' when you have been verified to test! This link will not appear if the verification process is not yet complete!*

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'Candidate Services'.
- Click on 'Application Status'.
- If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link 'Print ATT Letter', click on the link.

### Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

**Read this to avoid delay!** *Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.*

### Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

- **Read this to avoid delay!**
  - You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the Pearson VUE website. If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
  - Refunds cannot be issued for no-shows.
  - If you arrive late for your exam, you may lose your appointment!

***Additional informational can be found on the NREMT instructional DVD.***
***Ask your instructor for more information or visit the NREMT website at www.NREMT.org.***

*Revisions and updates may be necessary to make the CBT transition as smooth as possible. Please refer to the NREMT website for the most current policies and procedures.*
*Release date 11/06 Revised 6/07*