SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention ~ protection ~ enforcement

SOUTH DAKOTA
EMS

EMT
Student
Workbook

The Office of Emergency Medical Services has adopted the US Department of Transportation National Education Standards EMT as the foundational course of study for all EMT Candidates in the State of South Dakota. This course will provide you with the knowledge and skills to provide quality pre-hospital care to the sick and injured.

This workbook has been produced to assist you in understanding the course requirements along with preparing you for the National Registry written and practical examinations. The Office of EMS wishes you the best of luck and welcomes you into the rewarding world of Emergency Medical Services.

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Chapter 1: State EMS Staff & Responsibilities

Congratulations on your decision to enter into the world of EMS by becoming an Emergency Medical Technician. EMS is a rewarding profession that requires a special person with dedication, compassion and an overwhelming amount of self-sacrifice.

The EMS Office is part of the Department of Public Safety and consists of 6 staff members located in Pierre, Sioux Falls, and Rapid City to best serve the EMS system in South Dakota. During your course of study we will provide you with, not only the information contained within this handbook, but visit your class at the beginning and close to the conclusion of your class. In the opening class we will review information contained within this handbook, complete registration paperwork, and review not only your responsibilities but that of your instructor and the state. During the class closing session you will be given instruction on the National Registry written and practical examination process and answer any last minute questions to better prepare you for the final examination.

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EMT Student Workbook

Included within this document are staff listings and contact information, state guidelines and applicable laws, hospital observation guidelines, class and preceptor evaluations and National Registry practical exam documents that will assist you during your practical sessions during this course. You will need to keep this document handy and bring it with you during your course up to the final examination as it has important information that will be beneficial to you.

EMS Applicable Laws

South Dakota has specific Administrative Rules and Codified Laws regarding the operation of ambulance services, levels of EMS providers, and functions each level can provide. You will need to become familiar with these laws as you become an EMT and start to work on an ambulance service.

Administrative Rules and Codified Laws can be found on our website at http://dps.sd.gov/emergency_services/emergency medical services under EMS Laws.

Ambulance Radio and Trip Reports

When you become an EMT and start to work for an ambulance service you will be tasked with the responsibility to radio into the hospital and give a report which will describe the initial call, patient presentation, initial condition, care rendered and final condition of the patient to the receiving hospital. Trip reports are done after the call and entered into a computer based program that provides the State EMS Office with valuable information regarding the calls throughout the state. To view a trip report go to:

http://dps.sd.gov/emergency_services/emergency_medical_services under Forms and Applications.

Suspected Child Abuse and Neglect (SCAN)

Introduction

At one time, people thought child abuse was a rare phenomenon; but it is a complex social and health problem that seems increasingly common and more often fatal. The seeming worsening of the problem may be due to increased awareness and reporting. Even so, the problems of abuse and neglect are still thought to be more serious than the statistics indicate. Child abuse is progressive, that is, the child may be continually abused with increasing severity, until death ultimately results. Child abuse can occur in any family and is found at all socioeconomic levels. Child abuse can take several different forms, often occurring in combination. Forms of child abuse include; psychological, physical and sexual abuse/neglect.

Definitions:

The legal definition of child abuse or neglect is outlined according to South Dakota Codified Law as: 26-8A-2. Abused or neglected child defined. In this chapter and chapter 26-7A, the term, abused or neglected child, means a child:

(1) Whose parent, guardian, or custodian has abandoned the child or has subjected the child to mistreatment or abuse;

(2) Who lacks proper parental care through the actions or omissions of the child's parent, guardian, or custodian;
(3) Whose environment is injurious to the child's welfare;
4) Whose parent, guardian, or custodian fails or refuses to provide proper or necessary subsistence, supervision, education, medical care, or any other care necessary for the child's health, guidance, or well-being;
(5) Who is homeless, without proper care, or not domiciled with the child's parent, guardian, or custodian through no fault of the child's parent, guardian, or custodian;
(6) Who is threatened with substantial harm;
(7) Who has sustained emotional harm or mental injury as indicated by an injury to the child's intellectual or psychological capacity evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture;
(8) Who is subject to sexual abuse, sexual molestation, or sexual exploitation by the child's parent, guardian, custodian, or any other person responsible for the child's care;
(9) Who was subject to prenatal exposure to abusive use of alcohol or any controlled drug or substance not lawfully prescribed by a practitioner as authorized by chapters 22-42 and 34-20B; or
(10) Whose parent, guardian, or custodian knowingly exposes the child to an environment that is being used for the manufacture, use, or distribution methamphetamines or any other unlawfully manufactured controlled drug or substance.

Recognition

There are times you will treat an injured child and never realize that he or she has been abused. However, there are certain indications that abuse may be occurring in or outside the home. It is the responsibility of the EMT to be aware of the many signs and symptoms of child abuse and neglect. This can be accomplished through proper training and continuing education in relevant areas. Common things to be aware of are:

- Slap marks, bruises, abrasions, lacerations, and incisions of all sizes and with shapes matching the item used. You may see wide welts from belts, in looped shapes from cords, or in the shape of a hand from slapping. You may find swollen limbs, split lips, black eyes, and loose or broken teeth. Often the injuries are to the back, legs, and arms. The injuries may be in various stages of healing as evidenced by different colored bruises.

- Broken bones are common and all types of fractures are possible. Many battered children have multiple fractures, often in various stages of healing, or have fracture-associated complications.

- Head injuries are common with concussions and skull fractures being reported. Closed head injuries occur to many infants and small children who have been severely shaken (Shaken Baby Syndrome). Indications of shaking an infant include a bulging fontanel due to increased intracranial pressure from the

- bleeding of torn blood vessels in the brain, unconsciousness, and typical signs and symptoms of head and brain injury.

- Abdominal injuries include ruptured spleens, livers, and lungs lacerated by broken ribs. Internal bleeding from blunt trauma or punching and lacerated or avulsed genitalia.

- Bite marks may be present showing the teeth size and pattern of the adult mouth.

- Burn marks that are small and round from cigarettes; “glove” or “stocking” burn marks from dipping in hot water; burns on buttocks and legs (creases behind the knees and at the thighs are protected when flexed); and demarcation burns in the shape of an iron, stove burner or other hot utensil are frequently found.

- Many different types of injuries to both sides or to the front and back of the body. This gains even more importance if the adults on the scene keep insisting that the child “falls a lot.”

- Fear on the part of the child to tell you how the injury occurred. The child may seem to expect no comfort from the parents and may have little or no reaction to pain.

- Repeated responses to provide care for the same child or children in a family. Remember that in areas with many hospitals you may see the child more frequently than any one hospital.

- Indications of past injuries. This is why you must do a physical examinations and why you must remove articles of clothing. Pay special attention to the back and buttocks of the child.

- Poorly healing wounds or improperly healed fractures. It is extremely rare for a child to receive a fracture, be given proper orthopedic care, and then show angulations or large “bumps” and “knots” of bone at the “healed” injury site.

- Indications of past burns or fresh bilateral burns. Children seldom put both hands on a hot object or touch the same hot object again (true, some do...this is only an indication, not proof). Some types of burns are almost always linked to child abuse, such as cigarette burns to the body and burns to the buttocks and lower extremities that result from the child being dipped in hot water. The parental care giver at the scene, who does not wish to leave you alone with the child, tells conflicting or changing stories, overwhelms you with explanations of the cause of the injury, or faults the child may rouse your suspicions and cause you to assess the situation more carefully.

Reporting

Although you as an EMT are not legally required to report suspected cases of child abuse or neglect, you do have a moral and professional obligation to do so. We as EMT’s are at times the only outside contact a child suffering from abuse or neglect may have. Remember, it is not an EMT’s responsibility to determine if an individual child is actually suffering from abuse or neglect; however, it is an EMT’s moral and professional duty to report the suspected neglect or abuse to law enforcement or a hospital medical staff member. The following excerpt is the state law requiring specific individuals to report suspected child abuse or neglect.

SDCL 26-8A-3. Persons are required to report child abuse or neglected child - intentional failure is a misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, chemical dependency counselor or coroner, who have reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in 26-8A-2 shall report that information in accordance with 26-8A-6, 26-8A-7 and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class I misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in 26-8A-2 may report that information as provided in 26-8A-8.

Conclusion

Child abuse deaths occur in greatest numbers among infants, followed by toddlers, and preschool children. Children younger than 6 years of age are most vulnerable to abuse because of their small size, incomplete verbal skills, and limited contact with adults other than their primary caretakers. Lack of adequate infant and child death investigation is an impediment to preventing illness, injury, and death of other children at risk. Collaboration between agencies enhances the ability to determine accurately the cause and circumstances of death or injuries. Information about the death or injuries of one child may lead to preventative strategies to protect the life of another.

Communicable Disease Prevention

It is important that every person within the health care community afford themselves protection when it comes to communicable diseases. A common concern of the EMT is Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B. These seem to cause the most concern; however, contact with any communicable disease is a serious risk. Consider that you put not only yourself at risk, but also family and friends who may become exposed through contact with you! Your own health and safety must be your first consideration. Medical Directors cannot force you to take protective measures; however, if you neglect to take proper precautions after being advised of the dangers, you bear the responsibility for the consequences of your own actions. This may include the financial responsibilities.

Services will provide you with some type of hand protection. Gloves, even though uncomfortable and inconvenient, provide a first line of defense against infection. Most contact with an infected patient that causes problems for EMS personnel comes from contact with your hands. Therefore, it is extremely important that you glove up before you pull up, properly dispose of used gloves after a run, and then thoroughly wash your hands. Additional protection that helps keep you at minimal risk is safety glasses and a mask. However, some situations may make them a hindrance to patient care. It is suggested that they be available for your use and that you exercise good judgment as to

using them to provide yourself at least minimal protection when splatters of body fluids may occur (extrications, etc.).

Remember these important principles:

1. Don't become part of the problem, remain part of the solution.
2. Error on the side of safety.

Your safety is more important than your patients safety - without you, they have no care or protection. Remember to GLOVE UP before you PULL UP and if the situation dictates, provide yourself eye and respiratory protection. Again, it is worth repeating that it is extremely important that after an ambulance run used gloves are disposed of properly and your hands are thoroughly washed. If you would like additional training concerning facts and myths in dealing with communicable diseases, contact the nearest Rural Health Education Center or the South Dakota Department of Health http://doh.sd.gov or the CDC at http://www.cdc.gov/.

Chapter 2: Student Responsibility and Clinical Requirements

This chapter contains information that will assist you in your preparation to the final examination along with score sheets from the National Registry of Emergency Medical Technicians and a scenario based triage accident.

Check List

The EMS Office requires that all EMT candidates complete a series of tasks prior to taking the final examination. Some of these items you will need to show proof of to your instructor prior to receiving your course completion certificate. Others you will be required to bring with you to the examination.

Items to complete and turn in to your instructor:

- National Registry application and fee ($70)
    1. Log on to www.nremt.org and create your account
    2. Create a New Application
    3. Pay Application Fee
    4. See page 41 for detailed instructions
- Hospital/Ambulance observation form
- Preceptor evaluation form
- Vital Sign evaluation form
- Patient Assessment form

Items to bring and/or turn in at exam site:

- Valid Photo ID
- Course Evaluation Form
- Clinical Site Evaluation Form

Instructor Courtesy in the Classroom

EMT classes typically have one class coordinator who oversees the course as a whole, some will have instructors come in and teach a portion or topic that they specialize in. Instructors put a tremendous amount of time and energy into courses before they even step into the classroom. A classroom is a formal setting in which both instructors and students both have rights and responsibilities, should respect each other, and they both should do all they can to help the educational process achieve its maximum effectiveness. There are several basic forms of etiquette that most people know, the items below may be a review for many but please keep them under consideration throughout your course of study:

- Attendance-you are only afforded 3 absents per the State EMS Office throughout the entire course. Special considerations apply to situations beyond your control and are handled on an individual basis through your lead instructor.

- Promptness-due to the amount of material and the normal duration it is imperative that you be in the classroom and ready for class before the starting time. Tardiness is an unacceptable behavior. Your instructor will provide you with their rules at the beginning of the course.

- Breaks-instructors are very good about scheduling breaks. Typically you will take a break every hour during the classroom portion but this is up to the lead instructor to set. If there is an emergency, politely excuse yourself from the class.

- Class Ambience-distractions can be very hindering to the classroom; therefore, please refrain from talking out of turn, talking to other students, or arguing with the instructor.

- Classroom Interaction-ideally there is interaction between the students and the instructor to effectively convey knowledge from one to another. You should be ready at any time to answer questions that may come up during your class. If you don't know the answer simply say so and talk about it and don't be afraid to ask a question. There is no such thing as a dumb question and typically the question you have others have also. It is encouraged that if you have a question to raise your hand and wait to be called upon. Remember each student has equal rights in the classroom and instructors want to answer as many questions as they can so the students have a good understanding of the topic.

- Practical/Study Sessions-during your EMT class you will have a number of practical and study sessions. These sessions are very important as you will be tested on the practical component during the final examination. Please remember even though you are given all of the answers for the practical examination you should concentrate on treating an actual patient. Once you have these skills in place you will not only be ready for the test but you will be more confident out in the field.

In Hospital/Ambulance Observation Guidelines

A minimum of ten hours in-hospital/ambulance service observation is required of an EMT student. The observation time is documented by completing the In-Hospital/Ambulance Service Observation Form located in Chapter 3 and is submitted to the course coordinator for recording and then returned to the student. This documentation is one of the forms an EMT student will submit to the instructor prior to the regional examination. In addition, the course coordinator will request that the hospital or ambulance service providing observation time complete an evaluation of the student by completing the Preceptor Evaluation Form located in the **Appendix**. The 10 hours are required by the time you take your final examination. You may choose to split the time with 5 hours on an ambulance or 5 hours in the hospital or you take all 10 hours on one or the other. Those hospital and ambulance sites agreeing to provide observation time do so voluntarily as they recognize the benefit it provides to both the student and patient. Always remember that the observation period is a privilege, not a right and a high level of professionalism is required.

When reporting for the in-hospital/ambulance service observation, please observe the following general guidelines as well as the specific guidelines required by the individual hospital/ambulance service you will be observing:

1. Wear clean, dark colored, comfortable dress slacks and a plain white shirt without patches or logos. Shoes are to be clean and comfortable. No jeans, T-shirts, Western style boots, or open toe shoes should be worn. Jackets would also be appropriate but without patches or logos. Always remember to dress according to weather conditions. Bring gloves, head cover, etc., if weather conditions indicate a possible need.

2. Report on time to the staff person or area designated to you. You should cancel only if absolutely necessary. If it becomes necessary to cancel, notify the appropriate people as soon as possible. It is important to remember that available ride time may be limited and rescheduling may be difficult.

3. Maintaining patient confidentiality is mandatory. If you are found jeopardizing the patient/provider relationship, you will be dismissed immediately from further observation time and the EMT training program.

4. Be sure to read and follow specific observation policies for the hospital/ambulance service that is providing your observation time.

5. Never attempt to perform skills that are outside your training ability.

Vital Signs Form

An EMT student is required to demonstrate his/her ability to take a blood pressure, pulse, and respirations within specified limits. The vital signs performance evaluation form is located in Chapter 3 is to be completed and submitted to the course coordinator/instructor for recording and then returned to the student. The student will submit the vital signs performance documentation to their instructor prior to the regional examination.

Patient Assessment Form

An EMT student is required to complete 10 patient assessments on live or standardized (simulators, mannequins, classroom practice) patients. These may be completed in the ER or ambulance service, if allowed, and during classroom training & practice. The patient assessment form is located in Chapter 3 is to be completed and submitted to the course coordinator/instructor for recording and then returned to the student. The student will submit the patient assessment form to their instructor prior to the regional examination.

National Registry Testing Process

EMT Practical Examination

The practical examination is based on the National Registry of Emergency Medical Technicians Skills Sheets located in Chapter 3. The results of the practical examination remain valid for up to one year after the date it was successfully completed. Both the practical and the computer based examination must be completed within one year of each other. For instance if you pass the practical examination and you do not complete the computer based exam within one year you will have to repeat the practical exam again. The National Registry requires that you complete both components within two years of the course completion date. If the examinee fails two or less stations on the first attempt he/she is allowed a second attempt to pass those stations that same day. An examinee not successful on the second attempt is allowed a third attempt at a different site with a different examiner.

The failure of three or more stations during the first attempt results in a complete failure of the practical examination and requires the examinee to retest the entire practical examination at a later date with a different examiner. Prior to scheduling a second attempt, the examinee is required to provide documentation of having received remedial training.

An examinee is allowed to test a single skill a maximum of three times before retaking the entire practical examination. Failure to pass on the third attempt would require the examinee to document remedial training and retest the entire practical examination at another site.

EMT Computer Based Examination

An examinee is allowed three attempts to pass the computer based examination. A fourth attempt is allowed only after the completion of a state-approved National Standard EMT refresher course. All attempts to pass the computer based examination are to be completed within two years of the course completion and within one year of passing the practical examination.

Upon successful completion of the practical and computer based components of the National Registry examination candidates may check their exam status within 24-48 hours on line at www.nremt.org.

South Dakota EMT Certification

To become a South Dakota certified EMT, students are required to successfully complete the National Registry of EMT's practical and CBT examinations within two years of completing the course.

To be eligible to take the National Registry practical and written examinations, the EMT-Basic student must

- be 18 years of age;

- have successfully completed the EMT course;
- have successfully completed the In-Hospital/Ambulance Service Observation form;
- have successfully completed the Vital Signs Performance Evaluation form;
- be currently certified in CPR; and
- have the course completion signed-off by the course coordinator/instructor.

Chapter 3: Forms, Skill Sheets, Registration Instructions

Please note on the top of all of the forms, except the National Registry score sheets, are instructions on where to submit the completed forms.

Forms:

- Emergency Room/Ambulance Observation
- Clinical Site Evaluation Form
- Preceptor evaluation form
- Vital Sign evaluation form
- Patient Assessment
- Class Evaluation

Skill Sheets:

- Patient Assessment Medical
- Patient Assessment Trauma
- Oxygen Administration
- Bag-Valve-Mask Apneic Patient
- Cardiac Arrest Management/AED
- Spinal Immobilization Supine Patient
- Spinal Immobilization Seated Patient
- Bleeding Control/Shock Management
- Immobilization Skills/Long Bone Injury
- Immobilization Skills/Joint Immobilization

National Registry Registration Instructions

Creating Your Account/Applying for NREMT Exam

In-Hospital/Ambulance Service Observation Form
(Submit to Course Coordinator)

This is to verify that _____ from _____

(course location) has completed _____ hours of the required ten (10) hour

In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site _____

Observation Supervisor _____

Observation Supervisor's Title _____

This is to verify that _____ from _____

(course location) has completed _____ hours of the required ten (10) hour

In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site _____

Observation Supervisor _____

Observation Supervisor's Title _____

This is to verify that _____ from _____

(course location) has completed _____ hours of the required ten (10) hour

In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site _____

Observation Supervisor _____

Observation Supervisor's Title _____

Clinical Site Evaluation Form
(Submit to SD EMS Office)

Name of Site_____
_____

Type of facility (i.e. hospital, clinic, ambulance service)_____
_____

What areas of the facility were you allowed in? (i.e. ER, hospital floor, clinic, etc.)
_____

Time at Site_____

Date at site_____

Number patient contacts_____

Was your preceptor enthusiastic, helpful, available, have a good attitude?_____

_____

How would you rate your overall experience?_____

_____

Would you recommend this clinical site to other students? _____

_____

Comments_____
_____
_____
_____
_____
_____

Please make copies of this form as needed if doing clinical at more than one site or on different dates.

Preceptor Evaluation Form
(Submit to Course Coordinator)

Date _____ Student _____

Preceptor _____

Hospital /Ambulance Service _____

Please evaluate the student's ability/skills in a pre-hospital environment. Completing this form will benefit the student, course coordinator, and the state EMS Office.

Please Circle One: 1 (Excellent) 2 (Good) 3 (Average) 4 (Poor)

1. Appearance (cleanliness, neatness)_____ 1 2 3 4
2. Punctuation (was student on time)_____ 1 2 3 4
3. Ability to interact with patients_____1 2 3 4
4. Ability to interact with co-workers_____ 1 2 3 4
5. Eagerness to become involved in patient care_____ 1 2 3 4
6. Ability to follow instructions_____ 1 2 3 4
7. Takes universal precautions_____ 1 2 3 4
8. Patient assessment skills_____ 1 2 3 4
9. Psychomotor skills_____1 2 3 4
10. Provides proper treatment_____1 2 3 4
11. Ability to perform under stress_____1 2 3 4
12. Ability to convey information to others correctly_____ 1 2 3 4

Are there areas the student could improve his/her skills or performance?

_____

_____

_____

Vital Signs Performance Evaluation Form
(Submit to Course Coordinator)

Student's Name _____

The purpose of this evaluation is to assure that the student can demonstrate the ability to take a blood pressure, pulse, and respirations within the specified limits. An EMT, registered nurse, licensed practical nurse, physician's assistant, or Medical Doctor is required to check the student's readings for accuracy. Each student will take vitals on three patients and record measurements within the specified limits as indicated below:

Blood Pressure:	+/- 5 mmHg
Pulse:	+/- 4
Respirations:	+/- 2

This form must be fully completed. **Medical personnel conducting the evaluation should enter all readings on this form**.

The student should keep their readings on a scratch sheet until all patients have been monitored. Student readings should then be given to the examiner to be recorded below. At this time the readings are compared and it is determined whether additional evaluation is needed. If a student is evaluated more than once, all forms must be turned in.

	Patient #1 Examiner/Student	Patient #2 Examiner/Student	Patient #3 Examiner/Student
A. Blood Pressure	_____/_____	_____/_____	_____/_____
B. Pulse	_____/_____	_____/_____	_____/_____
C. Respirations	_____/_____	_____/_____	_____/_____

_____ _____

Evaluator's Signature Evaluator's Title (i.e., EMT, LPN, RN, PA, MD, or Other)

Evaluation Date _____

Patient Assessment Form
(submit to Course Coordinator)

Date	Patient Complaint: (ie. cardiac, respiratory, etc.)	Patient Age	Male or Female	Location of Assessment: ER/Ambulance/Classroom	Preceptor Signature

Student name (print):_____

Student signature:_____

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EMT PROGRAM EVALUATION FORM
(Submit to SD EMS Office)

Course Location: _____

Name (not required): _____

I would recommend the EMT Course to a friend
No Maybe Definitely

The EMT Course has met my expectations
Not at all Just Barely Definitely Beyond my Expectations

The following questions are presented in order to evaluate the EMT Course and to aid in improving future courses. Please circle one of the numbers to evaluate course.
1. Excellent 2. Good 3. Average 4. Poor

Instructors (enthusiasm, attitude, interest, availability)_____ 1 2 3 4

Training Methods (use of time, didactic, practical's) _____ 1 2 3 4

Education Literature (textbooks, workbooks, handouts) _____1 2 3 4

Audiovisual Aids (PowerPoint, video, overheads) _____1 2 3 4

Training Aids (availability, use, practical labs) _____1 2 3 4

Written and Practical Examinations (understandable, beneficial) ___1 2 3 4

Length of Course (too short, too long, too fast, too slow) _____1 2 3 4

Overall Evaluation of Course _____1 2 3 4

Additional Comments, Recommendations, or Ideas for further courses/trainings (use back of sheet if necessary)

_____
_____
_____
_____
_____
_____

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 -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -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 -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Pulse (1 point) -Respiratory rate and quality (1 point each) -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:

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 -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assesses breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -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 -Inspects mouth**, nose** and assesses facial area (1 point) -Inspects and palpates scalp and ears (1 point) -Assesses eyes** (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
VITAL SIGNS		
Obtains baseline vital signs [must include BP, P, RJ (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

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National Registry of Emergency Medical Technicians®
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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 [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 -Proper volume to make chest rise (1 point) -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

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National Registry of Emergency Medical Technicians®
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 Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) 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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National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

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

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

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

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

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APPENDIX A

NATIONAL REGISTRY REGISTRATION SHEET

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