

EMT Psychomotor Skill Verification Form for NREMT

1. Candidate / EMT Demographic Information

Name:	WA State EMS Certification Number (if applicable):
DOB:	National EMS Certification Number (if applicable):
Email:	Phone Number:

2. Training Program, Agency OTEP Coordinator, SEI, ESE Information (who is administering exam)

Training Program / Agency Name:	Training Program / Agency Credential Number:
Training Program / Agency Email:	Training Program / Agency Phone Number:
Training Program Director / ESE / SEI Name:	Training Program Director / ESE / SEI Credential Number:

3. Skills verification method (to be completed by training program, OTEP coordinator, SEI or EMS evaluator)

State-approved Initial Course
 State-approved refresher Course
 Stand-alone Skills Evaluation
 OTEP

Exam Location:	Course Approval Number (If applicable):
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4. Skill Verification (to be completed by training program director, EMS evaluator, or SEI)

Skill	Date Completed
Patient Assessment/Management - Trauma	
Patient Assessment/Management - Medical	
BVM Ventilation of an Apneic Adult Patient	
Oxygen Administration by Non-Rebreather Mask	
Nasopharyngeal Airway	
Spinal Immobilization (Seated Patient)	
Spinal Immobilization (Supine Patient)	
Bleeding Control / Shock Management	
Cardiac Arrest Management / AED	
Joint Immobilization	
Long Bone Immobilization	

5. Attestation (to be completed by training program director, EMS evaluator, or SEI)

I verify that _____ (candidate / EMT name) has satisfactorily performed the skills listed above and therefore is deemed competent in those skills. Skills were evaluated by an EMS provider who holds a valid EMS Evaluator credential issued by Washington State.

Printed Name:	Date:
Signature:	Credential Number:
	Title: