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EMT – Basic Practical Examination Verification

Candidate Name _____ Application Confirmation Number _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone Number _____

To Be Completed by the Instructor, Training Officer or EMS Service Director:

I verify that _____ (candidate name) has completed a state-approved practical examination equal to or exceeding the criteria established by the NREMT and performed satisfactorily so as to be deemed competent in the following skills:

- Patient Assessment/Management – Trauma
- Bag-Valve –Mask (Apneic Patient)
- Patient Assessment/Management – Medical
- Spinal Immobilization (Seated or Supine Patient)
- Cardiac Arrest Management/AED
- Random Skill Verification _____

Practical Exam Location _____ Practical Exam Date _____
Name (print) _____ Title _____
Signature _____ Date _____

I hereby affirm that all statements on the EMT-Basic Practical Examination Verification are true and correct. It is understood that false statements may be sufficient cause for revocation by the NREMT. It is also understood that NREMT may conduct an audit of the activities listed at any time.

Candidate Signature _____ Date _____