

## Southern Nevada Health District Office of Emergency Medical Services & Trauma System

## EMT Practical Examination Report Form

| Course ID#:   |                 | Course Completion Date:               |               |            |  |
|---|-----------------|---------------------------------------|---------------|------------|--|
| Name:Last   |                 | First                                 | First Middl   |            |  |
| Address   |                 | 1100                                  |               |            |  |
| Trainin   | g Institution:  |                                       |               |            |  |
| Exam Site:  |                 |                                       | Date:         |            |  |
|   | Station         | Skill                                 | Attempt #1    | Attempt #2 |  |
|   | Station #1      | Patient Assessment/Management-Trauma  | ☐ Pass ☐ Fail | Pass Fail  |  |
|   | Station #2      | Patient Assessment/Management-Medical | ☐ Pass ☐ Fail | Pass Fail  |  |
|   | Station #3      | Cardiac Arrest Management/AED         | ☐ Pass ☐ Fail | Pass Fail  |  |
|   | Station #4      | BVM Ventilation Adult Apenic Pt       | ☐ Pass ☐ Fail | Pass Fail  |  |
|   | Station #5      | O <sub>2</sub> Admin by NRB           | ☐ Pass ☐ Fail | Pass Fail  |  |
|   | Station #6      | Spinal Immobilization (Supine)        | Pass Fail     | Pass Fail  |  |
|   | Station #7      | Random Basic Skill                    | Pass Fail     | Pass Fail  |  |
| Candidates failing three (3) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing four (4) or more stations constitutes a complete failure of the practical examination. A complete failure of the practical examination will require the candidate to document remedial training over all skills before re-attempting all stations of the practical examination. Candidates are allowed a maximum of three (3) complete examination attempts. Failure to pass all stations by the end of three (3) full examination attempts constitutes a complete failure of the testing process and will require the candidate to complete a new Health District approved EMT training program.  Random EMT Skills are either: Bleeding Control Shock Management, Joint Immobilization, Long Bone Immobilization or Spinal Immobilization (Seated). Random Skill can be assigned by the coordinator.  By my signature below, I acknowledge that I have read, understand and agree to the Southern Nevada Health District Office of Emergency Medical Services EMT Pass/Fail testing criteria listed above. |                 |                                       |               |            |  |
| EMT C   | andidate:       | Legal Signature                       | Print Name    | _          |  |
| Represe   | entative's Comm | nents:                                |               |            |  |
|   |                 |                                       |               |            |  |
| Representative's Signature:   |                 |                                       |               |            |  |