

# NREMT EMT PSYCHOMOTOR EXAMINATION REQUEST FORM

SEND TO: Tim Weir-WTCS – CC: Helen Pullen and Mark Mandler-DHS-EMS

FROM:

PHONE:

DATE:

Training Center Requesting Exam:

Who is your choice for Examiner?

Rick Anderson	920-229-3776	<a href="mailto:rick.p.anderson67@gmail.com">rick.p.anderson67@gmail.com</a>
Dana Baumgartner	715-891-2189	<a href="mailto:dana.vreeland@gmail.com">dana.vreeland@gmail.com</a>
Ryan Huser	715-323-2373	<a href="mailto:ryan.huser@mstc.edu">ryan.huser@mstc.edu</a>
Brian Litza	608-535-9103	<a href="mailto:litzabd@gmail.com">litzabd@gmail.com</a>
Keith Melvin	715-660-6739	<a href="mailto:medicf15@hotmail.com">medicf15@hotmail.com</a>
Nathan Riehl	920-636-5494	<a href="mailto:emtriehl@gmail.com">emtriehl@gmail.com</a>
Beth Risler	920-723-0763	<a href="mailto:dobebri@gmail.com">dobebri@gmail.com</a>

Have you confirmed that the Examiner you selected is available?                      Yes                      No

Which type of exam will you be offering?                      6-station (legacy)                      3-station OOHS  
**(If offering both exams, check both boxes.)**

Requested Date of Practical Exam:

Time students will begin testing:                      Time NREMT Examiner should arrive:

Number of students to be tested?

Closed exam - check here

If Closed, why are you requesting closed?

EXACT Address of Exam:

Name of the person retesting students should contact:

Email:

Phone: