

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	rick.p.anderson67@gmail.com
Dana Baumgartner	715-891-2189	dana.vreeland@gmail.com
Ryan Huser	715-323-2373	ryan.huser@mstc.edu
Brian Litza	608-535-9103	litzabd@gmail.com
Keith Melvin	715-660-6739	medicf15@hotmail.com
Linda Pace	608-225-1896	2pacesplace@gmail.com
Nathan Riehl	920-636-5494	emtriehl@gmail.com
Beth Risler	920-723-0763	dobebri@gmail.com

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: