

NREMT PSYCHOMOTOR EXAMINATION RESULTS SUMMARY

DHS EXAMINATION #: _____ (LMS Exam Assignment)

NAME _____

EMAIL _____

PHONE _____

DOB _____

TYPE OF EXAM COMPLETED

_____ ORIGINAL EXAM
_____ STATION(S) RETEST
_____ FIRST RETEST EXAM
_____ SECOND RETEST EXAM

REPORT OF STATION PERFORMANCE

ASSESSMENT/SKILL STATION	INITIAL EXAMINATION		RETEST EXAMINATION	
A-MEDICAL ASSESSMENT	PASS	FAIL	PASS	FAIL
B-SPINAL IMMOBILIZATION	PASS	FAIL	PASS	FAIL
C-SPLINTING SKILLS	PASS	FAIL	PASS	FAIL
D-TRAUMA ASSESSMENT	PASS	FAIL	PASS	FAIL
E-BVM/NON-VISUALIZED AIRWAY	PASS	FAIL	PASS	FAIL
F-CARDIAC ARREST MANAGEMENT	PASS	FAIL	PASS	FAIL

- Candidates failing 2 or less stations are eligible for a same day retest of the failed station(s)
- Candidates failing same day retest(s) are allowed 1 last attempt. A third time failure requires a total retest
- Candidates failing 3 stations the first time constitutes a complete failure requiring a total retest
- Candidates failing 3 stations a second time constitutes a complete failure requiring a total retest
- Candidates failing 3 stations a third time constitutes a complete failure requiring remedial education

Initial Station Examination Results	Retest Station Results
_____ PASS _____ FAIL _____ RETEST	_____ PASS _____ FAIL

Signature of Examiner verifying results are true and accurate.

Date

Printed name of Examiner