DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Emergency Medical Responder
Psychomotor Examination Results Form

This form must be presented to the examination coordinator at any future testing site for admission into the retesting process.

Last Name: _____ First Name: _____ MI: _____

Address: _____

Primary Phone Number: _____ Email Address: _____

Date of Birth: _____ Last 4 of SS#: _____ Course Completion Date: _____

Examination #1
Location: _____
Date: _____
Coordinator: _____

Examination #2
Location: _____
Date: _____
Coordinator: _____
Coordinator Signature: _____

Examination #3
Location: _____
Date: _____
Coordinator: _____
Coordinator Signature: _____

You will not receive a detailed critique of your performance on any skill. You will not receive a copy of your skill performance sheets. The results will be reported to you as either passing or failing the skill station.

- Failure of any skill on examination attempt number three (#3) constitutes complete failure of the entire practical examination.
- Failure of the entire practical examination requires remedial training before attempting the entire practical examination *(all three [3] skill stations)* on another date.
- Passed examination results are only valid for up to twenty-four (24) months from the date of the examination, provided all other candidate "Entry Requirements" of the NREMT are met.

	EXAMINATION #1		EXAMINATION #2		EXAMINATION #3	
	PASS	FAIL	PASS	FAIL	PASS	FAIL
1. Airway / Resuscitation Station	☐	☐	☐	☐	☐	☐
2. Assessment Station (Medical or Trauma)	☐	☐	☐	☐	☐	☐
3. Integrated Out of Hospital	☐	☐	☐	☐	☐	☐
	PASS ☐		PASS ☐		PASS ☐	
	RETEST ☐		RETEST ☐		REMEDIATION ☐	
	FAIL ☐					
	INITIALS:		INITIALS:		INITIALS:	

I hereby certify that the information in this form is true and complete to the best of my knowledge, information and belief and is consisted with DC Health EMS Program policy and DC Regulation 29.544.2(b).

Examination Coordinator Signature: _____ Date: _____

Candidate Signature: _____ Date: _____