

Skill Candidate: _____

Skill Examiner: _____

Date/Time: _____

Testing Location: _____

On this date/time, I was the testing candidate for the above examination. The above candidate was unsuccessful in this station due to the reason/s documented below.

(Please check all that apply.)

Equipment Malfunction / Absence

Irregular Evaluator Behavior

Inappropriate Testing Environment

Station Interruption

Irregular EMT Partner / Sim Patient Behavior

Other

Summary of Events:

(Please use the back of this form or attach additional documents if necessary.)

Candidate Signature: _____ **Date:** _____

Summary of Quality Assurance Committee (QAC) findings and resultant outcomes:

(Please use the back of this form or attach additional documents if necessary.)

Examination Coordinator Signature: _____ **Date:** _____