

EMR Practical Examination QA Committee Review Form



We, the Quality Assurance Committee, met to review the following situation and all related facts as documented below:

Nature of Situation:

Summary of Facts (use back side of form if necessary):

After reviewing the facts as presented, the Quality Assurance Committee's official decision is as follows:

Signature or Name of District's State EMS Officer

Signature of Examination Coordinator

Signature of District EMS Official

Exam Site: _____ Date: _____

This form will be submitted to the District EMS Division with all examination materials.