

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name _____
Last First Initial

Exam Location _____
City

Station #1

STATION NAME: Patient Assessment/Management – TRAUMA

Scenario # Drawn by Candidate: _____ * Date: ____/____/____ [] Pass [] Fail
Mo day year

_____/_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #

_____/_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #
(If witness Examiner used)

Comments: _____

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name _____
Last First Initial

Exam Location _____
City

Station #2

STATION NAME: Patient Assessment/Management - Medical

Scenario # Drawn by Candidate: _____* Date: ____/____/____ [] Pass [] Fail
Mo day year

_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #

_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #
(If witness Examiner used)

Comments: _____

_____.

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name _____
Last First Initial

Exam Location _____
City

Station #3

STATION NAME: Cardiac Arrest Management / AED

Scenario # Drawn by Candidate: _____ * Date: ____/____/____ [] Pass [] Fail
Mo day year

_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #

_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #
(If witness Examiner used)

Comments: _____

_____.

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name _____
Last First Initial

Exam Location _____
City

Station #6-A: Random Skill Verification STATION NAME: Skills - Long Bone Injury

Scenario # Drawn by Candidate: _____ * Date: ____/____/____ [] Pass [] Fail
Mo day year

_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #

_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #
(If witness Examiner used)

Comments: _____

_____.

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name _____
Last First Initial

Exam Location _____
City

Station #6-C: Random Skill Verification STATION NAME: Immobilization Skills – Traction Splinting

Scenario # Drawn by Candidate: _____ * Date: ____/____/____ [] Pass [] Fail
Mo day year

_____/_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #

_____/_____/_____/_____
Examiner Printed Signature Health Profession Cert Lic #
(If witness Examiner used)

Comments: _____

*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

