



**National Registry of Emergency Medical Technicians  
Emergency Medical Responder Psychomotor Examination**

**Verification Form**

**Candidate Information**

Name \_\_\_\_\_ Application Confirmation Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**To Be Completed by the Instructor, Training Officer or EMS Service Director:**

I verify that \_\_\_\_\_ (candidate name) has completed a state-approved psychomotor examination equal to or exceeding the criteria established by the NREMT and performed satisfactorily so as to be deemed competent in the following skills:

- Patient Assessment/Management – Trauma
- Patient Assessment/Management – Medical
- BVM Ventilation (Apneic Adult Patient)
- Oxygen Administration by Non-rebreather Mask
- Cardiac Arrest Management/AED

\_\_\_\_\_ Psychomotor Exam Location

\_\_\_\_\_ Exam Date

\_\_\_\_\_ Name of person verifying psychomotor examination

\_\_\_\_\_ Title

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

I hereby affirm that all statements on the EMR Psychomotor Examination Verification are true and correct. It is understood that false statements may be sufficient cause for revocation and other appropriate actions by the NREMT. It is also understood that NREMT may conduct an audit of the skills listed at any time.

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_