



# **EMT COURSE COORDINATOR'S GUIDE**



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# INTRODUCTION

The South Dakota Emergency Medical Services Program is charged with ensuring quality in pre-hospital emergency medical care and continues to regard the staffing of ambulance services in the State as a high priority.

Some of the responsibilities of the State EMS Program include:

1. Review, approval of EMT course application packet and assign course number.
2. Assist the Course Coordinator as requested in setting up the EMT course.
3. Act as a liaison in the event of any conflict within the course.
4. Send the CC the psychomotor exam packet once the CC sends the EMS Program the “National Registry EMT Psychomotor Exam Request Form”.
5. Receive the testing results from the CC and review the psychomotor exam results for each student testing, and record the results on the student’s State EMS profile and the National Registry website.
6. File the course documents for quality assurance/improvement.

As the Course Coordinator, you are responsible for conducting each course in accordance with National Educational Standards and State policy. Ultimately, you are preparing each student for certification.

The information within this guide is provided to support you, the Course Coordinator, in preparing and conducting an EMT course. This guide is designed to assist you with the steps necessary to implement a course as well as the necessary forms. The forms can be used as “masters” to be copied as necessary, and can also be found on the EMS website at [EMS.sd.gov](http://EMS.sd.gov) and the National Registry’s website at [www.nremt.org](http://www.nremt.org).

Contact the State Emergency Medical Services Program with any questions you may have, especially the Educational & Professional Standards Coordinator at (605) 773-4031.

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# CHAPTER ONE

## RESPONSIBILITIES OF THE COURSE COORDINATOR

We recommend that you use the NHTSA National Educations Standards for developing your course of instruction as your students will be tested on these standards.

Student textbooks can be purchased from the publisher or bookstore of your choice. A list of EMS publishers is available to you through the EMS Web Site at: [EMS.sd.gov](http://EMS.sd.gov) then “EMS Training, Applications, and Exam Schedule”, then “EMS Classes & Specialty Training”.

Student textbooks are mandatory while student workbooks are recommended. Additional programs or software that publishers offer are at the discretion of the Course Coordinator.

The information that follows is to clarify the steps and to provide you with the forms that you are required to provide when conducting an EMT Course.

### General Course Coordinator Standards

1. Act as a liaison between students, sponsoring agency, local medical community, clinical sites, and State EMS Program.
2. Assure completion of course goals, objectives, information, training standards, registrations, and administrative requirements.
3. Ensure all equipment required for the course is available, is clean, and is in appropriate working condition and each student has adequate amount of practical time.
4. Ensure all secondary instructors are present for their course assignments; ensure all assistants are knowledgeable and competent in the subject matter; and, ensure instructors are certified at or above the level they are instructing.

### Pre-Course Recommendations

1. Complete an Instructor/Coordinator Course or equivalent.
2. Purchase professional liability insurance.
3. Submit to the EMS Program an *EMT Training Course Authorization Request* with syllabus, *Medical Director Agreement*, *ER Director Support*, *Ambulance Service Support* and appropriate signatures no less than 30 days prior to start of class. All forms can be found on the EMS website at [EMS.sd.gov](http://EMS.sd.gov).
4. Advertise and/or announce course within 50 mile radius of course location.
5. Purchase or secure all needed textbooks, workbooks, audio/visual equipment, software, etc. needed for course.

## Conducting Course Requirements and Recommendations

1. Once the course is approved and a class number is assigned, register your class with the National Registry of EMT's ([www.nremt.org](http://www.nremt.org)).
2. Instruct your students to create an account with the state by going to our website, [EMS.sd.gov](http://EMS.sd.gov), clicking on “*EMT Education*”, then “Online EMT Course Initial Registration” which is under “New EMT Courses”. If the student receives an error message while creating their state account, please have them contact the EMS Program at (605) 773-4031.
3. It is essential to maintain attendance rosters. It is recommended students with more than 3 unexcused absences should be dismissed from the course.
4. It is highly recommended that quizzes and tests, based on National Standards, are given to students. Strive for 80% or greater.
5. Coordinate or contract with approved hospitals and/or ambulance services to ensure students are scheduled and complete all required observation hours.
6. At a minimum, two weeks prior to testing, each student must complete their application with the National Registry, including payment.

## Course Ending

1. Send the *National Registry EMT Psychomotor Exam Request Form* to the State EMS Program at least 21 days prior to you conducting the NR Psychomotor Exam. Once received by the State EMS Program, you will be sent a testing packet.
2. Check the course completion box for each student who has successfully completed the requirements for the course. This can be found by logging into your National Registry account and under course completion.
3. Administer a final cognitive exam over the course material. It is essential students pass the class final prior to taking the National Registry examination.
4. Administer a final psychomotor exam over the National Registry skills sheets. It is essential students pass the psychomotor exam prior to taking the National Registry examination.
5. Based on the level taught, ensure all forms required by the State EMS Program are complete and return back to the state EMS Program for review and processing.
6. Report to the State EMS Program of any students NOT testing or who have dropped from the class.

# CHAPTER TWO

## COURSE AND CLINICAL REQUIREMENTS

The Emergency Medical Technician course follows National Highway Traffic Safety Administration (NHTSA) National Educational Standards. The course standards are performance and competency based. This means, in addition to classroom performance, each student must successfully complete and show competency in clinical and internship settings. Course coordinators should adjust classroom and clinical schedules accordingly.

### Emergency Medical Technician Course

Although competency based, it is estimated that an initial EMT course classroom will be approximately 165 hours.

In addition, each student will have to successfully complete the following clinical skills:

- 1) Minimum 10 hours in an emergency department and/or on an ambulance service, at approved sites.
- 2) Complete 10 patient assessments on live patients or standardized patients.

### Student Requirements

The following requirements must be met by students in order to take the National Registry psychomotor and CBT exams:

- 1) Completion of all clinical skills.
- 2) Successfully completing the course evidenced by a course completion certificate.

Students with felonious backgrounds must inform the State EMS Program. All students must adhere to the National Registry Felony Policy.



# **APPENDIX A**

## **APPLICATION PACKET TO CONDUCT TRAINING**

### **EMERGENCY MEDICAL TECHNICIAN**

## EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING COURSE AUTHORIZATION REQUEST

SOUTH DAKOTA DEPARTMENT OF HEALTH  
 OFFICE OF RURAL HEALTH / EMERGENCY MEDICAL SERVICES  
 600 EAST CAPITOL AVENUE  
 PIERRE, SD 57501  
 OFFICE (605) 773-4031 | FAX (605) 773-5683

INSTRUCTIONS: Type or print clearly. This request must be completed by the course coordinator and submitted to OEMS at least four weeks prior to beginning the course. Please keep a copy for your records.

Type of Training	EMT-Initial Course					Projected Number of Students			
Physical Location of Course									
Address					City			State	Zip Code
Start Date				End Date			Total Estimated Hours		
Classes will be held on (Click all that apply)		Sun	Mon	Tues	Wed	Thur	Fri	Sat	Time
Course Coordinator							State EMS #		
Address					City			State	Zip Code
Email					Contact Phone #				
Primary Instructor							State EMS #		
Physician Medical Director							SD State License #		
Textbook Used					Publisher			Edition	
State Practical Test Date (Initial EMT Only)									
ALS Licensed Ambulance Service (for clinical purposes)									
Name of Participating Hospital (for clinical purposes)									

AS THE CLASS COORDINATOR, I WILL SECURE COURSE MATERIALS AND VISUAL AIDS, SECURE USE OF CLASSROOM FACILITIES, PREPARE AND IMPLEMENT CLASS SCHEDULES, ARRANGE AND SCHEDULE IN-HOSPITAL AND/OR AMBULANCE OBSERVATION AND TRAINING, AND PERFORM OTHER APPROPRIATE CLASS FUNCTIONS. I WILL ADHERE TO THE APPROPRIATE STANDARD CURRICULUM THROUGHOUT THE COURSE. SCHEDULE FOR INITIAL COURSES MUST BE SUBMITTED WITH REQUEST TO THE OFFICE OF RURAL HEALTH / EMS

\_\_\_\_\_  
 Signature of Course Coordinator

\_\_\_\_\_  
 Date

A COURSE AUTHORIZATION NUMBER WILL BE INCLUDED IN THE COURSE AUTHORIZATION LETTER UPON APPROVAL. PLEASE KEEP THIS NUMBER FOR YOUR RECORDS AND USE ON ALL COURSE CORRESPONDENCE. PLEASE NOTE: ONLINE REGISTRATION OF THE STUDENTS IS REQUIRED THE FIRST WEEK OF CLASS ON THE SD EMS WEBSITE "ONLINE EMT COURSE INITIAL REGISTRATION" LINK.

### OFFICE USE ONLY

Course Authorization #	Date Posted on Website
------------------------	------------------------



**National Registry EMT Psychomotor Exam Request Form**

**This paperwork must be submitted to OEMS 21 days prior to the Practical is going to take place. This is to ensure all proper paperwork is prepared for the test.**

Class Number \_\_\_\_\_ Test Location \_\_\_\_\_ Test Date \_\_\_\_\_  
Time \_\_\_\_\_ AM/PM Course Coordinator \_\_\_\_\_

Mailing Address for Test Materials to be sent:

\_\_\_\_\_  
\_\_\_\_\_

**Student Names who are testing (This must be legible): Keep in mind, if the student's name is not on this list, they will not be allowed to test on the testing date/time you listed above.**

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 19. _____ | 37. _____ |
| 2. _____  | 20. _____ | 38. _____ |
| 3. _____  | 21. _____ | 39. _____ |
| 4. _____  | 22. _____ | 40. _____ |
| 5. _____  | 23. _____ | 41. _____ |
| 6. _____  | 24. _____ | 42. _____ |
| 7. _____  | 25. _____ | 43. _____ |
| 8. _____  | 26. _____ | 44. _____ |
| 9. _____  | 27. _____ | 45. _____ |
| 10. _____ | 28. _____ | 46. _____ |
| 11. _____ | 29. _____ | 47. _____ |
| 12. _____ | 30. _____ | 48. _____ |
| 13. _____ | 31. _____ | 49. _____ |
| 14. _____ | 32. _____ | 50. _____ |
| 15. _____ | 33. _____ | 51. _____ |
| 16. _____ | 34. _____ | 52. _____ |
| 17. _____ | 35. _____ | 53. _____ |
| 18. _____ | 36. _____ | 54. _____ |

Office of Rural Health / EMS  
600 East Capitol Ave  
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## EMERGENCY MEDICAL TECHNICIAN – EMT AMBULANCE SERVICE SUPPORT

Initial Course Only

Service Name		
Mailing Address		
City	State	Zip Code
Director/Manager		

A signed copy of this form or equivalent must be submitted to the OEMS for each service used.

As director of above mentioned ambulance service I agree to provide a setting for conducting the clinical for the EMT training program to be held at named city. I understand the ambulance experience will involve the EMT students observing and participating under supervision in all aspects of patient care as carried out by this service within the scope of practice of an EMT. The ambulance clinical experience will be under the supervision of the medical director of the service on record. I understand this agreement may be terminated under written notice to the training program director and the Office of EMS.

\_\_\_\_\_  
Signature of Ambulance Service Director/Manager

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL TECHNICIAN – EMT  
ER DIRECTOR SUPPORT**

Initial Course Only

Hospital Name		
Mailing Address		
City	State	Zip Code
ER Director		

A signed copy of this form or equivalent contract must be submitted to the OEMS for each hospital used.

As ER Director of above mentioned hospital, I support the initiation of an Emergency Medical Technician (EMT) Training Program and agree that the students enrolled in this program may do their clinical training skills in this hospital. I may withdraw this agreement at any time by submitting the request in writing to the Training Program Director and the Office of EMS (OEMS).

\_\_\_\_\_  
Signature of ER Director

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL TECHNICIAN (EMT) COURSE  
MEDICAL DIRECTOR AGREEMENT**

**Responsibilities of Physician Medical Director  
(Responsibilities may be delegated to the EMT Course Coordinator per Medical Director's Request)**

Physician Name:		
Mailing Address:		
City:	State:	Zip Code:

- Obtain approval from the hospital and/or ambulance services (providing clinical training) to initiate an Emergency Medical Technician Course (Ambulance Service Support Form and/or ER Director Support Form).
- Assure overall direction and coordination of the planning, organization, administration, periodic review, continued development and effectiveness of the program.
- Oversee that the course is conducted as outlined in the National EMS Education Standard.
- Oversee the quality of instruction and clinical experience.
- Oversee course compliance with all applicable OEMS policy and procedures.

As Physician Medical Director of the Emergency Medical Technician (EMT) course, I agree to the above mentioned responsibilities.

As the Physician Medical Director, I appoint \_\_\_\_\_, Course Coordinator for this EMT Course, to oversee the above mentioned responsibilities and report to me on any issues/concerns that arise during the duration of this EMT Course.

\_\_\_\_\_  
Signature of Physician Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
SD License Number

\_\_\_\_\_  
Signature of Course Coordinator

\_\_\_\_\_  
Date



# Sample Schedule for EMT Course

<u>Estimated Time</u>	<u>Date</u>	<u>Lesson</u>	<u>Instructor</u>
<b><u>Preparatory</u></b>			
1 Hour	_____	EMS Systems	_____
2 Hours	_____	Workforce Safety & Wellness	_____
3 Hours	_____	Communications and Documentation	_____
3 Hours	_____	Medical/Legal and Ethics	_____
3 Hours	_____	Anatomy and Physiology	_____
2 Hours	_____	Life Span Development	_____
1 Hour	_____	Public Health	_____
1 Hour	_____	Evaluation: Preparatory	_____
<b><u>Pharmacology</u></b>			
1 Hour	_____	Principles of Pharmacology	_____
2 Hours	_____	Emergency Medications and Administration	_____
1 Hour	_____	Practical Skills Lab: Pharmacology	_____
1 Hour	_____	Evaluation: Pharmacology	_____
<b><u>Airway Management, Respiration and Artificial Ventilation</u></b>			
2 Hours	_____	Airway Management	_____
4 Hours	_____	Respiration and Ventilation	_____
4 Hours	_____	Practical Skills Lab: Airway	_____
1 Hour	_____	Evaluation: Airway	_____
<b><u>Patient Assessment</u></b>			
1 Hour	_____	Scene Size-Up	_____
1 Hour	_____	Primary Assessment	_____
2 Hours	_____	History Taking	_____
3 Hours	_____	Secondary Assessment	_____
2 Hours	_____	Reassessment and Monitoring Devices	_____
8 Hours	_____	Practical Skills Lab: Patient Assessment	_____
1 Hour	_____	Evaluation: Patient Assessment	_____
<b><u>Medical</u></b>			
2 Hours	_____	Medical Overview	_____
2 Hours	_____	Neurology	_____
2 Hours	_____	Abdominal and Gastrointestinal Disorders	_____
2 Hours	_____	Immunology	_____
2 Hours	_____	Endocrine	_____
2 Hours	_____	Psychiatric	_____
5 Hours	_____	Cardiovascular	_____
2 Hours	_____	Toxicology	_____
2 Hours	_____	Respiratory	_____
1 Hour	_____	Hematology and Renal	_____
1 Hour	_____	Gynecology	_____
8 Hours	_____	Practical Skills Lab: Medical	_____
1-Hour	_____	Evaluation: Medical/Behavioral	_____

<u>Estimated Time</u>	<u>Date</u>	<u>Lesson</u>	<u>Instructor</u>
<b><u>Shock and Resuscitation</u></b>			
3 Hours	_____	Shock	_____
4 Hours	_____	BLS Resuscitation - CPR	_____
4 Hours	_____	Practical Skills Lab: Shock and Resuscitation	_____
1 Hour	_____	Evaluation: Shock and Resuscitation	_____
<b><u>Trauma</u></b>			
2 Hours	_____	Trauma Overview	_____
2 Hours	_____	Bleeding	_____
2 Hours	_____	Chest Trauma	_____
2 Hours	_____	Abdominal and Genitourinary Trauma	_____
4 Hours	_____	Orthopedic Trauma	_____
4 Hours	_____	Soft Tissue Trauma	_____
6 Hours	_____	Head, Facial, Neck and Spine Trauma	_____
2 Hours	_____	Special Considerations in Trauma	_____
3 Hours	_____	Environmental Emergencies	_____
1 Hour	_____	Multi-System Trauma	_____
8 Hours	_____	Practical Skills Lab: Trauma	_____
<b><u>Special Patient Populations</u></b>			
3 Hours	_____	Obstetrics and Neonatal Care	_____
3 Hours	_____	Pediatrics	_____
4 Hours	_____	Geriatrics	_____
2 Hours	_____	Patients with Special Challenges	_____
3 Hours	_____	Practical Skills Lab: Special Patient Population	_____
1 Hour	_____	Evaluation: Special Patient Population	_____
<b><u>Operations</u></b>			
1 Hour	_____	Principles of Operating an Ambulance	_____
4 Hours	_____	Incident Management	_____
2 Hours	_____	Mass Casualty Incidents	_____
1 Hour	_____	Vehicle Extrication	_____
2 Hours	_____	HazMat Awareness and Terrorism	_____
8 Hours	_____	Practical Skills Lab: Operations	_____
1 Hour	_____	Evaluation: Operations	_____
<b><u>Testing</u></b>			
Practical	_____	National Registry Practical Exam	<u>Administered by Course Coordinator</u>
Written	_____	National Registry Computer Based Test	<u>Administered by Pearson Vue</u>

# **Student Clinical Forms**

## **Student Course Evaluation Form**

**In-Hospital/Ambulance Service Observation Form**  
*(Submit to Course Coordinator)*

This is to verify that \_\_\_\_\_ from \_\_\_\_\_  
(course location) has completed \_\_\_\_\_ hours of the required ten (10) hour  
In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site \_\_\_\_\_

Observation Supervisor \_\_\_\_\_

Observation Supervisor's Title \_\_\_\_\_

---

This is to verify that \_\_\_\_\_ from \_\_\_\_\_  
(course location) has completed \_\_\_\_\_ hours of the required ten (10) hour  
In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site \_\_\_\_\_

Observation Supervisor \_\_\_\_\_

Observation Supervisor's Title \_\_\_\_\_

---

This is to verify that \_\_\_\_\_ from \_\_\_\_\_  
(course location) has completed \_\_\_\_\_ hours of the required ten (10) hour  
In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site \_\_\_\_\_

Observation Supervisor \_\_\_\_\_

Observation Supervisor's Title \_\_\_\_\_

**Vital Signs Performance Evaluation Form**  
*(Submit to Course Coordinator)*

Student's Name \_\_\_\_\_

The purpose of this evaluation is to assure that the student can demonstrate the ability to take a blood pressure, pulse, and respirations within the specified limits. An EMT, registered nurse, licensed practical nurse, physician's assistant, or Medical Doctor is required to check the student's readings for accuracy. Each student will take vitals on three patients and record measurements within the specified limits as indicated below:

- Blood Pressure:    +/- 5 mmHg
- Pulse:                +/- 4
- Respirations:      +/- 2

This form must be fully completed. **Medical personnel conducting the evaluation should enter all readings on this form.**

The student should keep their readings on a scratch sheet until all patients have been monitored. Student readings should then be given to the examiner to be recorded below. At this time the readings are compared and it is determined whether additional evaluation is needed. If a student is evaluated more than once, all forms must be turned in.

	Patient #1	Patient #2	Patient #3
	Examiner/Student	Examiner/Student	Examiner/Student
A. Blood Pressure	_____ / _____	_____ / _____	_____ / _____
B. Pulse	_____ / _____	_____ / _____	_____ / _____
C. Respirations	_____ / _____	_____ / _____	_____ / _____

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Evaluator's Title (i.e., EMT, LPN, RN, PA, MD, or Other)

Evaluation Date \_\_\_\_\_





# **APPENDIX B**

## **NATIONAL REGISTRY PRACTICAL SKILLS SHEETS**

### **EMERGENCY MEDICAL TECHNICIAN**



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**BVM VENTILATION OF AN APNEIC PATIENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	<b>NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."</b>	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
<b>NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."</b>			
Opens airway properly		1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>			
**Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]		1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately -Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		2	
<b>NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>			
Actual Time Ended: _____		<b>TOTAL</b>	17

**CRITICAL CRITERIA**

- \_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_ Failure to suction airway **before** ventilating the patient
- \_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- \_\_\_ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- \_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- \_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**CARDIAC ARREST MANAGEMENT / AED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible Points      Points Awarded

Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
<b>NOTE: The examiner must now inform the candidate, "The patient is unresponsive."</b>		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	1	
<b>NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."</b>		
Checks carotid pulse [no more than 10 seconds]	1	
<b>NOTE: The examiner must now inform the candidate, "The patient is pulseless."</b>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of less than 10 seconds throughout (1 point)	5	
<b>NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.</b>		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>18</b>

**Critical Criteria**

- \_\_\_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_\_\_ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- \_\_\_\_\_ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- \_\_\_\_\_ Interrupts CPR for more than 10 seconds at any point
- \_\_\_\_\_ Failure to correctly attach the AED to the patient
- \_\_\_\_\_ Failure to operate the AED properly
- \_\_\_\_\_ Failure to deliver shock in a timely manner
- \_\_\_\_\_ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- \_\_\_\_\_ Failure to immediately resume compressions after shock delivered
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**LONG BONE IMMOBILIZATION**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</i>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	<b>TOTAL</b>	10

**Critical Criteria**

- \_\_\_\_\_ Did not immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Did not immobilize the joint above and the joint below the injury site
- \_\_\_\_\_ Did not immobilize the hand or foot in a position of function
- \_\_\_\_\_ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**JOINT IMMOBILIZATION**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Actual Time Ended: _____	<b>TOTAL</b>	<b>9</b>

**Critical Criteria**

- \_\_\_\_\_ Did not immediately stabilize the extremity manually
- \_\_\_\_\_ Grossly moves the injured extremity
- \_\_\_\_\_ Did not immobilize the bone above and below the injury site
- \_\_\_\_\_ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible Points Points Awarded

Takes or verbalizes appropriate body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point)      -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness -Onset (1 point)      -Quality (1 point)      -Severity (1 point) -Provocation (1 point)      -Radiation (1 point)      -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point) -Medications (1 point)      -Last oral intake (1 point)	5	
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system -Cardiovascular      -Neurological      -Integumentary      -Reproductive -Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social	5	
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	42

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**BLEEDING CONTROL/SHOCK MANAGEMENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Applies direct pressure to the wound	1	
<b>NOTE: The examiner must now inform the candidate that the wound continues to bleed.</b>		
Applies tourniquet	1	
<b>NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	<b>TOTAL</b>	7

**CRITICAL CRITERIA**

- \_\_\_ Did not take or verbalize appropriate body substance isolation precautions
- \_\_\_ Did not administer high concentration of oxygen
- \_\_\_ Did not control hemorrhage using correct procedures in a timely manner
- \_\_\_ Did not indicate the need for immediate transportation
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>11</b>

**CRITICAL CRITERIA**

- \_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_ Failure to assemble the oxygen tank and regulator without leaks
- \_\_\_ Failure to prefill the reservoir bag
- \_\_\_ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- \_\_\_ Failure to assure a tight mask seal to patient's face
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**SPINAL IMMOBILIZATION (SUPINE PATIENT)**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
<b>Actual Time Ended: _____</b>	<b>14</b>	
<b>TOTAL</b>		

**CRITICAL CRITERIA**

- \_\_\_ Did not immediately direct or take manual stabilization of the head
- \_\_\_ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically
- \_\_\_ Manipulated or moved the patient excessively causing potential for spinal compromise
- \_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso
- \_\_\_ Patient moves excessively up, down, left or right on the device
- \_\_\_ Head immobilization allows for excessive movement
- \_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position
- \_\_\_ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**SPINAL IMMOBILIZATION (SEATED PATIENT)**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	<b>TOTAL</b>	12

**CRITICAL CRITERIA**

- \_\_\_ Did not immediately direct or take manual stabilization of the head
- \_\_\_ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically
- \_\_\_ Manipulated or moved patient excessively causing potential spinal compromise
- \_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso
- \_\_\_ Device moves excessively up, down, left or right on the patient's torso
- \_\_\_ Head immobilization allows for excessive movement
- \_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise
- \_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position
- \_\_\_ Did not reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*



## **APPENDIX C**

**NATIONAL REGISTRY REGISTRATION INSTRUCTIONS**

**STATE EMS PROGRAM REGISTRATION INSTRUCTIONS**

# EMS Students!

## Follow These Steps to Take The NREMT Exam



National Registry of  
Emergency Medical Technicians®  
THE NATION'S EMS CERTIFICATION

Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

### Step 1: Create Your Account

- Go to [nremt.org](http://nremt.org) and click on 'Login' (found in the blue bar at the top of the NREMT home page).
- Click on 'Set Up New Account' and follow the instructions.

### Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

### Step 3: Manage Your Account Information

- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

**Read this to avoid delay!** Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!

### Step 4: Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

### Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

**Read this to avoid delay!** An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

### Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

**Read this to avoid delay!** You will only see 'Print ATT Letter' when you have been verified to test! This link will not appear if the verification process is not yet complete!

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'Candidate Services'.
- Click on 'Application Status'.
- If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link 'Print ATT Letter', click on the link.

### Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

**Read this to avoid delay!** Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.

### Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

**• Read this to avoid delay!**

- You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the Pearson VUE website. If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
- Refunds cannot be issued for no-shows.
- If you arrive late for your exam, you may lose your appointment!

**Additional informational can be found on the NREMT instructional DVD.  
Ask your instructor for more information or visit the NREMT website at [www.NREMT.org](http://www.NREMT.org).**



# Program Directors! How to Authorize Your Students to Take an NREMT Exam



As program director, you are responsible for verifying when your students have completed a state-approved EMS course.

Detailed instructions on how to make the necessary verifications are below. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

## Step 1

### Login

- Go to [www.nremt.org](http://www.nremt.org)
- From the main page, click on 'Login' (found in the blue bar at the top of the page)
- Enter your Username and Password and proceed as prompted
- Click on 'Login'

## Step 2

### Verification of Course Completion

To verify course completion, click on 'Course Completion Verification' on the left side of the screen.

- Review all the requirements listed and possible responses:
  1. This is 'Not our student' (Not Our Student)
  2. This student 'Did not successfully complete program requirements' (No Course Completion)
  3. This student, 'Successfully completed program requirements as well as CPR and skill competency' (Successful Course Completion)
- Go to 'Registration Level'. Use the pull-down arrow to select your choice
- Click on 'Select'
- You will see a list of candidates who indicated they were part of your education program (last name and last four digits of their Social Security Number). The date in the 'Course Completion Date' column is the date provided by the candidate on their application. If the date is not correct, you may edit this field (note: only the month and year are recorded)

- For each candidate, review the information and click on the appropriate statement as prompted
- Read the statement in the box at the end of your student list. **By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application**
- Once you have processed a student on the list, they will be removed

## Step 3

### Practical Exam Verification

#### First Responder and EMT-Basic

If your State permits, you will need to verify the Psychomotor (Practical) Examination of your students.

- To verify skills, click on 'Practical Exam Verification' on the left hand side of the screen
- Review all the requirements listed. As Program Director you will indicate one of the following responses:
  1. 'Not Our Student' or 'Failed Final Attempt'
  2. 'Successfully Completed Practical Examination' (Successful Practical Skills Completion)
- Click on 'Search'
- You will see a list of candidates who indicated they were part of your education program as in Step 2. Proceed as prompted
- Read the statement in the box at the end of your student list **By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application**
- Once you have processed a student on the list, they will be removed

#### Intermediate and Paramedic

Advanced level candidates (Intermediate and Paramedic) may take the psychomotor evaluation (practical exam) following completion of the didactic and laboratory portions of an approved program if permitted by the program director and the State EMS Licensing Agency.

Advanced level psychomotor examinations will be verified by NREMT Advanced Level Representatives.

# STUDENT REGISTRATION WITH STATE EMS PROGRAM

Students will need to go to the EMS website at [EMS.sd.gov](https://www.ems.sd.gov) and create their state account. This should be completed at least 2 weeks prior to the end of the course and before testing.

Below are instructions for the students to register. Please note, if a student receives an error message while trying to create their account, such as email address already in use or social security number already in use, etc., please have the student call the state EMS Office at 605-773-4031.

- 1) Go to: [EMS.sd.gov](https://www.ems.sd.gov)
- 2) Click on “EMS Education”, then “Online EMT Course Initial Registration” which is under the heading New EMT Courses.
- 3) Click on the blue “Register” link

[Register](#) to get started and obtain a login.

- 4) Fill in all boxes and click “Register”

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	Last Name:	<input type="text"/>
Requested Level:	<input type="text" value="EMT"/>	SSN:	<input type="text" value="-- --"/>	Date of Birth:	<input type="text"/>
Certification Type:	<input type="text" value="NR Test"/>	Email:	<input type="text"/>		
Password:	<input type="text"/>				
Password Again:	<input type="text"/>				
<input type="button" value="Register"/>	<input type="button" value="Cancel"/>				

