**MONTANA BOARD OF MEDICAL EXAMINERS**

301 S. Park Avenue

PO Box 200513

Helena, MT 59620

**PHONE:** (406) 444-6880

**FAX:** (406) 841-2305

**E-MAIL**: [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

**WEBSITE**: <EMT.MT.GOV>

**How To Submit a Practical Examination Request Form**

1. All applications for examination can only be submitted electronically via email. Paper applications for testing will be returned.
2. Process for submitting an Electronic (Practical) Examination request Form:
   1. Complete and attach electronic request form and email to [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)
   2. Once received, an email will be returned (*to the email address identified on the application*) providing you an Exam Number. Do not conduct your examination without an examination approval number, it may not be valid and might have to be conducted again. Be sure to allow enough time for approval (*Suggested 20-30 days*).
   3. REMEMBER: NREMT written exams and AEMT/Paramedic practical exams are NOT offered locally nor coordinated through the Board, the students must apply for and schedule the NREMT Written exam from the NREMT website (www.nremt.org)
3. Process for submitting your POST Examination Materials:
   1. Complete and attach the post examination document to an email to DLIBSDHELP@MT.GOV
   2. Be sure your post examination materials reflect the actual examination as it took place.
   3. DO NOT send all the PRACTICAL skill check sheets, retain for your records or possible audit

IMPORTANT:

* Remember to save your original examination request and post examinations materials with a different name (*otherwise the original will be over written*).
* Allow enough time for your approval to be reviewed and approved, examinations may not be conducted without approval.
* Remember, only students with a NREMT application account can be updated with practical exam results. Those candidates testing without a NREMT application can expect long delays in getting their practical results to the NREMT.

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ECP Examination Request Form

***Select your Level of Practical Exam***

|  |
| --- |
| EMR  EMT  AEMT  PARA |

**The Date and Time of the Examination:**

*(****PRINT****, the exact location of the examination, including the name of the institution, exact street address, building and room numbers, city, state, and ZIP code)*

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Date | Time | Physical Location |
| Practical |  |  |  |

**Contact Information:**

*(****PRINT****, the name, street mailing address, and phone number of Exam Coordinator \* and Medical Director that will be accepting responsibility for the examination administration)*

|  |  |  |
| --- | --- | --- |
| Person (name) | Phone Number | Mailing Address |
| Exam Coordinator:  Email Address: |  |  |
| Medical Director:  Email Address: |  |  |

**Post Practical Examination Quality Control Form**

Examination Site:       Exam Approval Number:       Date:

Name of Exam Coordinator:

Name of Medical Director:

**A. ORGANIZATION OF THE EXAMINATION**

Establishes 4 stations (for EMT-First Responder) or establishes 6 Stations (for EMT-Basic)

Has necessary # of staff

Assured candidate’s eligibility

Assured staff qualifications

I followed the examination procedures identified in the Exam Procedures Manual

**B. FACILITIES**

Skill stations have adequate room to conduct examination without interference

All equipment was clean, in working order and in appropriate quantities

There is an adequate variety of equipment available to the candidate

**C. SKILL STATION EXAMINERS**

Read and understood their role in the examination process today

Remained objective throughout the entire examination process

Read the “Candidate Instructions” to each candidate

Does not show or allow any preference to an agency or candidate

**D. ORIENTATION OF CANDIDATES AND SKILL STATION EXAMINERS**

The orientation script was read aloud and understood completely

I allowed adequate time for the candidates to ask questions, and I answered them as completely as possible

The orientation instructions were read aloud to the programmed patients and EMT assistants and fully understood

**E. CANDIDATES**

Were read aloud the orientation concerning the practical exam and retest policy

They understood the formal complaint process

Were able to progress through the exam process without difficulty

**F. SCORING THE PERFORMANCE**

I used the correct scoring template to score each of the candidate’s performances

I maintained the security of the exam scoring template

I utilized the medical director and consulted the programmed patient and examiner when a performance question surfaced

**G. STAFF UTILIZED (Name First/Last)**

Observers:       ,       ,       ,       ,       ,

Patients:       ,       ,       ,       ,       ,

*By submitting post examination materials I attest that all items above were followed as identified in the Examination Manual and understand that if audited I can provide all examination materials (individual check-sheets, compilation forms, skill observers utilized and the candidates remedial education forms) utilized in this examination; and I hereby declare under penalty of perjury that any information included in this post examination application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable rules governing examinations.*

**Post Practical Examination Overall Result Reporting Form**

The purpose of this form is to document the results of the practical examination you coordinated.

Please complete the following information for EACH STUDENT whom you examined.

**PLEASE PRINT**

**Exam** Approval Number:       Exam Coordinator:

Medical Director (oversight):

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| --- | --- | --- | --- | --- | --- |
| **Name (last / first)**  **please list alaphabetically** | **Social Security Number**  **(all digits)** | **STUDENT COURSE approval Number** | **Location of their course (town)** | **Final exam status**  **Pass/fail** | **NREMT Sign off**  **(Y/N)** |
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| **Name ( last / first)**  **please list alaphabetically** | **Social Security Number**  **(all digits)** | **Student Course approval Number** | **Location of their course (town)** | **Final exam status**  **Pass/fail** | **NREMT Sign off**  **(Y/N)** |
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Date of Exam:       Location of Exam:

*By submitting the Post Examination Materials, I attest that the candidates listed above attended the practical examination and this summary reflects the actual performance of the candidates at this exam as documented above.*