

West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – Initial Course

Name: _____ Exam Date: ____/____/____
Last First MI

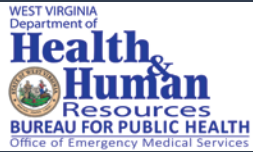
WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: Entire Practical Retest

EMT "TESTED" Skill Station	Score	*CS	Evaluator Initials	NOTES
Patient Assessment - Trauma				
Bleeding Control/Shock Management				
Patient Assessment – Medical <small>(Includes Baseline Vital Signs)</small>				
Medication Administration <small>-CHOOSE ONE-</small>	Oral Glucose Administration			
	Nitroglycerin Administration			
	Nebulized Medication Admin.			
	Epinephrine Auto-Injector Admin.			
	Epinephrine 1:1000 Admin.			
Airway Management				

** Any failure requires a completed skill sheet to be attached to this summary sheet.*



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WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: Entire Practical Retest

EMT “VERIFIED” Skill Station	Score	Pass/Fail	Date	Instructor Signature
Cardiac Arrest Management / AED				
Baseline Vital Signs				
Spinal Immobilization – Seated Patient				
Spinal Immobilization – Supine Patient				
Long Bone Immobilization				
Joint Immobilization				
12 Lead EKG Acquisition				
Continuous Positive Airway Pressure – CPAP				
Naloxone Administration				
Tetracaine Ophthalmic Administration / Morgan Lens				
Oxygen Administration by Non-Rebreather Mask				
BVM Ventilation of an Apneic Patient				

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.