

# NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS®



## Advanced Level Psychomotor Examination Coordinator Manual

February 2021

**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS**

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## Welcome

Dear Examination Coordinator:

Thank you for your interest in hosting a National Registry advanced level psychomotor examination. This comprehensive manual details all aspects of coordinating an advanced level psychomotor examination and is designed to assist you in planning for all related aspects of the examination.

You assume many responsibilities that are vital to the success of the psychomotor examination process. The quality of your experience with this certification process is directly dependent on your thorough familiarization with all the material contained within this manual. We are committed to assisting you to help ensure that all candidates who attend your examination site will be tested in a fair and consistent manner in accordance with all policies and procedures outlined in this manual. Please contact us immediately if we can clarify or answer any questions concerning this process.

Additionally, we are happy to announce that we have developed a training video to help you to understand the contents of the manual. You may find the video using this [link](#) or the link below. Please review the video and the manual in full for the best understanding of your important roles and responsibilities.

[Exam Coordinator Training Video](#)

Sincerely,

*The Science and Examinations Department*

## Examination Coordinator Responsibilities

### You are responsible for the following:

- Securing a National Registry Representative to administer the psychomotor examination.
- Submitting the electronic request to the National Registry to host the psychomotor examination.
- Maintaining a reservation list of candidates who will be attending the psychomotor examination.
- Submitting a final reservation list of candidates registered for the psychomotor examination to the National Registry website by no later than 14 days prior to the scheduled examination date at 1700 (5pm) EST.
- Ensuring that the facilities for the psychomotor examinations meet the standards identified in National Registry policies and procedures in this manual.
- Selecting qualified Skill Examiners, Professional Paramedic Partners, EMT Assistants, and Simulated Patients.
- Obtaining all clean, functional, and required equipment for each skill and ensuring that all equipment is operational.
- Remaining onsite during the entire psychomotor exam.
- Ensuring all examination-related activities remain unbiased for all candidates.
- Ensuring that each Skill Examiner is consistent when rating candidates during the examination.
- Overseeing the timely flow of all candidates through the skills in conjunction with the National Registry Representative.
- Ensuring examination security, which includes monitoring the conversations between candidates and skill examiners throughout the day to prevent discussion of examination details.
- Working cooperatively with the National Registry Representative to obtain Non-Disclosure Agreements and Release Forms for all examination participants who view sensitive examination materials, to include the Exam Coordinator, Skill Examiners, Partners, Patients, and Runners.

## Examination Coordinator's Timeline

### TIMELINE TO COORDINATE EXAMINATION

Time Frame Prior to Exam	Action
4 to 6 weeks minimum	<ul style="list-style-type: none"><li>❑ Secure commitment from a National Registry Representative to administer the psychomotor examination</li><li>❑ Secure facilities to host the psychomotor examination</li><li>❑ Ensure that sufficient supplies will be available for the proper administration of the examination by conducting an inventory.</li><li>❑ Submit an electronic request to the National Registry to host the psychomotor examination via <a href="http://www.nremt.org">www.nremt.org</a></li><li>❑ Identify the levels of candidates you will be testing (AEMT, Paramedic, or select both).</li><li>❑ Identify the maximum number of candidates in the submission request.</li><li>❑ Secure commitments from all qualified Skill Examiners, Professional Paramedic Partners, Simulated Patients, EMT Assistants, and Physician Medical Director.</li></ul>
2-3 weeks minimum	<ul style="list-style-type: none"><li>❑ Enter all candidate PATT numbers on the Reservation List by the deadline.</li><li>❑ <b>PATT numbers must be entered no later than 14 days prior to the examination.</b></li><li>❑ <b>The Reservation List determines the quantity and levels of the examination materials shipped!</b></li></ul>
1 week	<ul style="list-style-type: none"><li>❑ Re-inventory all equipment and supplies</li><li>❑ Send reminder email to everyone involved in the administration of the psychomotor examination.</li><li>❑ Have a conversation with the National Registry Representative to confirm final details and ensure preparedness.</li></ul>
1 day	<ul style="list-style-type: none"><li>❑ Set up all necessary equipment in the designated area for each skill.</li></ul>
Exam Day	<ul style="list-style-type: none"><li>❑ Facilitate and ensure the flow of candidates through each of their required skills.</li></ul>

## Requesting to Host an Examination

An electronic request to schedule an examination must be submitted on the National Registry website ([www.nremt.org](http://www.nremt.org)). You must be approved as and have the “Exam Coordinator” role designated on your account to request an exam. The request must be received from an approved sponsoring institution or EMS agency (educational institution, hospital, EMS service). Only one person from each institution can be identified as an Examination Coordinator.

### All examination requests must be submitted at least 4 weeks before the projected examination date(s)

You will need the following information when scheduling your advanced level psychomotor examination:

1. Level of exam (AEMT, Paramedic, or both)
2. Name of the host site.
3. National Registry Representative who has agreed to administer this exam.
4. Schedule type (Open or Closed)
  - *Note: A "closed" examination is held for a specific group of candidates. An "open" examination is open to candidates from any geographic region.*
5. Exam location
  - **The exam location must be the precise location the examination is being held, and not a generic business address or P.O. Box.**
  - *Note: This address is used to generate a map to the site.*
6. Date and time of the examination
7. Examination Logistics
  - Maximum Exam Size
  - Exam Fees
8. The name of the physician who will be the medical director for this exam, and the physician’s credentials (M.D. or D.O.)
9. The name and contact information of the Examination Coordinator
10. The name and contact information of the Reservation Coordinator
  - *Note: Exam Coordinator and Reservation Coordinator can be the same*

An email will be sent to you, the state EMS office, and the National Registry Representative from [DoNotReply@nremt.org](mailto:DoNotReply@nremt.org) that provides an exam ID number.

**Please provide the exam ID number when contacting the National Registry about your examination request via [exams@nremt.org](mailto:exams@nremt.org).**

Once the National Registry approves your examination request you will receive an email with a subject line of “Exam request #\_\_\_\_\_ has been approved.”

**Please ensure that the line reads “approved” and not “declined.” Examinations may be declined if all criteria are not met.**

## Maintaining a Reservation List of Candidates

- All candidates must provide a valid Psychomotor Authorization to Test (PATT) number unless they are testing as an Assessment candidate for state licensure only.
  - The candidate's first and last name must match their PATT and photo ID on exam day
  - The National Registry will not be responsible for any loss of examination site fees because of a candidate's failure to produce a valid PATT or photo ID.
  - The candidate bears full responsibility for completing all appropriate portions of the examination in accordance with National Registry policies and procedures. **Failure to follow National Registry policies and procedures may result in nullification of the candidates' attempts.**
  - Psychomotor Assessment candidates are not testing for certification and will not have a PATT number, but they may sign up to take the full examination for state licensure as an EMS professional or an instructor. Your National Registry Representative can manually write them onto the roster as an "Assessment."
- A completed reservation list must be submitted by the Examination Coordinator to the National Registry no later than 14 days prior to the examination date by 1700 hours (5pm) EST.
- In the event the examination is postponed due to unforeseen circumstances, the Examination Coordinator is responsible for immediately notifying everyone affected by the cancellation and sending an email notification to [exams@nremt.org](mailto:exams@nremt.org).
  - It is advised that you keep a list of callback numbers for each of the affected individuals.
- You can view the finalized reservation list online under "Submitted Reservation List" in the Exam Coordinator role.
- Examination materials will be shipped from the National Registry office to reach the designated National Registry Representative
- Contact the National Registry Representative a week prior to the examination date to confirm the details of the examination.

## Running an Efficient Psychomotor Examination

You are responsible for the timely flow of candidates through all skills. It is imperative to promptly begin the psychomotor examination at the scheduled time or you will add unnecessary stress to the candidates.

The National Registry recommends all Skill Examiners, Simulated Patients, EMT Assistants and Professional Paramedic Partners arrive an hour before the candidates arrive at the examination site. This should permit ample opportunity for the Skills Examiner to:

- Be oriented by the National Registry Representative
- Thoroughly read the instructions
- Review and understand the scenario provided by the National Registry Representative
- Review skill sheets
- Brief any EMT Assistants, Professional Paramedic Partners and Simulated Patients
- Apply moulage to the Simulated Patients
- Check all equipment
- Address any questions before the examination begins

The National Registry Representative will orient candidates, check attendance, and have all candidates complete an Advanced Level Psychomotor Examination Report Form before beginning the examination. The candidate orientation process should take approximately 20 to 30 minutes.

At this point, evaluation of the candidates can begin. A grid and pass card system may help track candidate flow. You must ensure that candidates do not discuss specific examination questions or scenarios throughout the examination with anyone other than the National Registry Representative. The National Registry Representative is responsible for reporting to the National Registry any discussions that may have occurred between candidates if these discussions are believed to have resulted in an unfair advantage or bias among the candidates.

The National Registry Representative will be visiting all skills throughout the day to ensure fairness, consistency, and adherence to all requirements for National Registry examinations.

## Facilities for the Psychomotor Examination

You are responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor examination must provide:

1. Adequate space to offer a minimum of 200 square feet for each of the skills and compliance with local and national guidelines for social distancing. Each area shall be partitioned in such a manner to allow easy entrance and exit by the candidates and prohibit observation by other candidates and non-involved personnel. Entrance to, and exit from, all skills must not disturb other candidates who are testing.
2. A comfortable testing environment free of undue noise and distraction.
3. Ample gathering space for candidates during the candidate orientation to the psychomotor examination while maintaining compliance with local and national guidelines for social distancing.
4. Adequate and effective heating, cooling, ventilation, and lighting.
5. A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open while maintaining compliance with local and national guidelines for social distancing.
6. Adequate restroom facilities, access to potable water, and adequate parking with reasonable access to the examination site.
7. Adequate space for the Skill Examiners Orientation, separate from the candidates to maintain examination security.
8. Adequate space and location for skill examiners to ensure the security of all examination materials during the examination.
9. Skills must be appropriately posted or marked. One set of signs to post at each skill is provided in Appendix A of this manual.
10. A table and chair in each room for Skill Examiners. You may also want to provide each Skill Examiner with a clipboard and a pen to assist with documenting all performances and note paper with pen/pencil for candidates.
11. A secure room adjacent to the skills with one or several large tables for the National Registry Representative to compile psychomotor examination results.
12. Adequate equipment for the skill as outlined in Appendix B of this manual.

## Staffing for the Advanced Level Psychomotor Examination

Below is an example summary of the necessary staffing to efficiently test 20 candidates:

LEVEL		SKILLS	EXAM STAFF			
AEMT	NRP		Skill Examiner	EMT Assistant	Professional Paramedic Partner	Simulated Patient
✓	✓	1. Patient Assessment – Trauma	1			1
✓		2. Patient Assessment – Medical	1			1
		3. Ventilatory Management				
✓		Supraglottic Airway Device	1			
		4. Cardiac Management Skills				
	✓	Dynamic Cardiology	1			
	✓	Static Cardiology				
✓		Cardiac Arrest Management/AED	1			
		5. Oral Station				
	✓	Case A	1			
	✓	Case B	1			
		6. IV and Medication Skills				
✓		Intravenous Therapy	1			
✓		Intravenous Bolus Medications				
		7. Pediatric Skills				
✓		Pediatric Intraosseous Infusion	1			
✓		Pediatric Respiratory Compromise				
		8. Random EMT Skills (test one [1] of the following chosen at random:)				
✓*		Bleeding Control/Shock Management	1	1		1
✓*		Long Bone Immobilization				
✓*		Joint Immobilization				
	✓	10. Integrated Out-of-Hospital Scenario	1		1	1
<b>MAXIMUM # OF SKILLS FAILED FOR RETEST</b>			<b>TOTAL STAFF REQUIRED</b>			
4	3		11	1	1	4

# Average Candidate Time Flow

LEVEL		EXAM STAFF FLOW					
AEMT	NRP	SKILLS	Skill Examiner	EMT Assistant	Simulated Patient	Professional Paramedic Partner	Average # of Candidates Evaluated per Hour
✓	✓	1. Patient Assessment – Trauma (10 min max)	1		1		4
✓		2. Patient Assessment – Medical (15 min max)	1		1		3 to 4
		3. Ventilatory Management (3 attempts)					
✓		Supraglottic Airway Device	1				4 to 5
		4. Cardiac Management Skills					
	✓	Dynamic Cardiology (4 rhythms/8 mins max)	1				4
	✓	Static Cardiology (4 rhythms/6 mins max)					
✓		Cardiac Arrest Management/AED (10 mins max)	1				4
		5. Oral Station (15 min max)					
	✓	Case A	1				3 to 4
	✓	Case B	1				3 to 4
		6. IV and Medication Skills					
✓		Intravenous Therapy (3 attempts/6 mins max)	1				4 to 5
✓		Intravenous Bolus Medications (3 mins max)					
		7. Pediatric Skills					
✓		Pediatric Intraosseous Infusion (2 attempts/6 mins max)	1				4
✓		Pediatric Respiratory Compromise					
		8. Random EMT Skills (test one [1] of the following chosen at random:)					
✓°		Bleeding Control/Shock Management (10 mins max)	1	1	1		4
✓°		Long Bone Immobilization (5 mins max)					
✓°		Joint Immobilization (5 mins max)					
	✓	10. Integrated Out-of-Hospital Scenario (Must be 20 mins)	1		1	1	2

**AVERAGE FLOW:**  
**2 CANDIDATES PER HOUR**

## Staff Qualifications

### EMT Assistants

- Must be licensed to perform the skill in which they are assisting.
- Must be fair, responsible, consistent, respectful, and impartial in their conduct.

### Professional Paramedic Partners

- Must be licensed to perform the necessary skills in the Integrated Out-of-Hospital Scenario.
- Must be fair, responsible, consistent, respectful, and impartial in their conduct.

### Simulated Patients

- Must be familiar with the presentation of symptoms for the diagnosis listed in the scenario.
- Must be fair, responsible, consistent, respectful, and impartial in their conduct.
  - As a matter of consistency, pay attention to the Simulated Patient's level of fatigue as the day progresses and swap personnel if needed.
- Must be at least 16 years of age.
- Must be wearing effective moulage, to include appropriately torn or blood-soaked outer garments designed for the simulation and appropriate undergarments to ensure modesty during the candidate's assessment.

### Physician Medical Director Responsibilities

- Must be a physician (MD or DO).
- Must be readily available by phone and not onsite during the examination.
- Serves on the Quality Assurance Committee.
- May not serve as a Skill Examiner.

### Skill Examiner Qualifications

- Must be licensed to perform the skill or care for the patient in the station they are examining.
  - Consider placing evaluators in stations that represent their strengths as a provider.
- Cannot examine a station in which they were the primary instructor of the content area.
- Must be fair, responsible, consistent, respectful, and impartial in their conduct and evaluation.
- Skill Examiners must be Nationally Registered at the level being tested or higher or licensed to perform the skill that they are to evaluate and familiar with the national standards.

## **Examination Coordinator Disciplinary Policy**

Examination content is subject to random audit upon return of the materials at the National Registry office.

Violation of any National Registry policies will result in disciplinary action.

Examples of infractions may include, but are not limited to:

- Conflicts of interest
- Harassment
- Unethical conduct
- Cheating
- Exam security compromise
- Copyright infringements
- Failure to abide by timelines

Violations may include:

- Written warning.
- Prohibition from participating in future National Registry examinations.

The National Registry reserves the right to take punitive action against Exam Coordinators as it deems necessary.

## **Appendix A: Signs to Post for Skills**

# **PATIENT ASSESSMENT – TRAUMA**

## **AEMT and Paramedic Candidates**

# **PATIENT ASSESSMENT – MEDICAL**

## **AEMT Candidates**

# **VENTILATORY MANAGEMENT**

## **AEMT Candidates**

# CARDIAC MANAGEMENT SKILLS

LEVEL	SKILL(S) TO TEST
AEMT	<ul style="list-style-type: none"><li>• Cardiac Arrest Management/AED only</li></ul>
Paramedic	<ul style="list-style-type: none"><li>• Dynamic Cardiology</li><li>• Static Cardiology</li></ul>

# ORAL STATION

## Paramedic Candidates Only

# **IV AND IV BOULUS MEDICATION SKILLS**

## **AEMT Candidates**

# **PEDIATRIC SKILLS**

## **AEMT Candidates**

### **Complete Both Pediatric Respiratory Compromise and Pediatric Intraosseous Infusion Skills**

# RANDOM EMT SKILLS

LEVEL	SKILL(S) TO TEST
AEMT	All must test one of the following: <ul style="list-style-type: none"><li>▪ Bleeding Control/Shock Management</li><li>▪ Long Bone Immobilization</li><li>▪ Joint Immobilization</li></ul>

# **INTEGRATED OUT-OF- HOSPITAL SCENARIO**

**Paramedic Candidates Only**

## **Appendix B: Equipment List**

**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS  
ADVANCED LEVEL PSYCHOMOTOR EXAMINATION  
EQUIPMENT LIST**

**PATIENT ASSESSMENT – TRAUMA**

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
- A live Simulated Patient who is an adult or adolescent at least 16 years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which they will be exposed. A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

**PATIENT ASSESSMENT – MEDICAL**

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
- A live Simulated Patient who is an adult or adolescent at least 16 years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which they will be exposed. A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the Simulated Patient.

## VENTILATORY MANAGEMENT (SUPRAGLOTTIC AIRWAY DEVICE)

Equipment for the Pediatric Ventilatory Management and Pediatric Respiratory Compromise Skills is listed separately in the Pediatric Skills section below.

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikins (infant and adult)
- Pediatric/Infant manikin (approximate size of a 1 year old child)
- Laryngoscope handle and blades (straight and curved – infant and adult)
- Endotracheal tubes (3.0 – 8.5 mm)
- End-tidal CO<sub>2</sub> detector and/or esophageal detector device (EDD)
- Syringes (10 mL, 20 mL, 35 mL, etc.)
- Stylette
- BVM device with reservoir (infant and adult)
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways (infant and adult)
- Selection of nasopharyngeal airways (infant and adult)
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc. for infant and adult)
- Suction device with rigid and flexible catheters and appropriate suction tubing
- Sterile water or saline
- Supraglottic airway
- Stethoscope
- Lubricant
- 1/2" tape
- Spare batteries
- Tongue blade
- Towel or other appropriate padding

## CARDIAC MANAGEMENT SKILLS (DYNAMIC CARDIOLOGY, STATIC CARDIOLOGY, AND CARDIAC ARREST MANAGEMENT/AED)

These skills should be in a quiet, isolated room with a desk or table and two comfortable chairs. Prepared testing scenarios for the Dynamic portion and ECG tracings will be provided by the National Registry Representative. ***The manikin must be placed and left on the floor for these skills. Live shocks must be delivered to the manikin or trainer in dynamic cardiology.***

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Examination gloves
- Monitor/defibrillator (no automated, semi-automated or interpreting machines permitted) with freshly charged batteries and spares
- Arrhythmia generator compatible with manikin and monitor/defibrillator
- Defibrillation manikin
- Conductive medium (gel, pads, etc.)
- ECG paper
- Automated External Defibrillator (trainer model) with freshly charged and spare batteries
- CPR manikin that can be defibrillated with an AED Trainer

### ORAL STATION

These skills should be located in a quiet, isolated room with a desk or table and two comfortable chairs. The Skill Examiner will sit across from and face the candidate during the testing in this station. The National Registry Representative will provide prepared testing cases and a barrier to prohibit any candidate from observing any case information or examiner documentation. Each candidate completes two separate cases, each of which is conducted by a separate Skill Examiner.

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Divider barrier that prohibits candidate from observing any printed case materials or documentation
- Watch or visible clock with a second hand

## IV AND MEDICATION SKILLS (IV THERAPY AND IV BOLUS MEDICATIONS)

Equipment for the Pediatric Intraosseous Infusion Skill is listed separately in the Pediatric Skills section below.

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Examination Gloves
- IV infusion arm
- IV solutions\*
- Administration sets\*\*
- IV catheters\*\*\*
- IV push medications (prefilled syringes)\*\*\*\*
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:

- \* Need a selection array but may be expired
- \*\* Need a selection array and must include microdrip tubing (60 gtt/cc)
- \*\*\* Need a selection array and can replace with small (20-22 ga.) catheters
- \*\*\*\* Must include naloxone and dextrose 50% plus several others

## **PEDIATRIC SKILLS (PEDIATRIC INTRAOSSEOUS INFUSION, AND PEDIATRIC RESPIRATORY COMPROMISE)**

NOTE: These skills may be set up as part of the Ventilatory Management Skills and the IV and Medication Skills.

### **PEDIATRIC INTRAOSSEOUS INFUSION**

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Examination gloves
- Intraosseous infusion manikin with replacement tibias (6 – 8 sticks/tibia)
- IV solutions\*
- Administration sets\*\*
- IV extension tubing or 3-way stopcock
- Intraosseous needles (Jamshidi<sup>®</sup>, electric, drill-type and/or spring-loaded device)
- Syringes (various sizes)
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Alcohol preps or similar substitute
- Bulky dressing
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:

\* Need a selection array but may be expired

\*\* Need a selection array and must include microdrip (60 gtt/mL) tubing

### **PEDIATRIC RESPIRATORY COMPROMISE**

- Examination gloves (may also add masks, gowns, and eyewear)
- Infant manikin (approximate size of a 1 year old child)
- BVM with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Stethoscope
- Tongue blade
- Towel or other appropriate padding

## RANDOM EMT SKILLS

Skills will be tested as follows but all equipment for all skills must be available. One adult or adolescent who is at least 16 years of age must serve as the Simulated Patient for this skill.

LEVEL	SKILL(S) TO TEST
AEMT	All must test one of the following: <ul style="list-style-type: none"><li>▪ Bleeding Control/Shock Management</li><li>▪ Long Bone Immobilization</li><li>▪ Joint Immobilization</li></ul>

### BLEEDING CONTROL/SHOCK MANAGEMENT

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

### LONG BONE IMMOBILIZATION

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

### JOINT IMMOBILIZATION

- Examination gloves
- Cravats (6) to be used as a sling and swathe

## INTEGRATED OUT-OF-HOSPITAL SKILL STATION

In addition to a live Simulated Patient or a High-fidelity Simulation Manikin, the following equipment must also be available, and you must ensure that it is working adequately throughout the examination. Sites and candidates can assemble the equipment in a variety of ways that is consistent with delivery of out-of-hospital care in the area. The equipment must be assembled in some way that facilitates transport of the equipment from the vehicle to the scene of the patient (“First-in” bag; several bags, such as BLS, Airway, Trauma, Peds, Meds; etc.):

- Note paper for candidate (All notes **must** be collected before dismissing the candidate from the room.)
- Pen or pencil for candidate
- Oropharyngeal airways (Sizes 0 – 6)
- Nasopharyngeal airway (Minimum pediatric size – Maximum adult size)
- Blind insertion or supraglottic airway devices (adult and pediatric sizes)
- Endotracheal tubes 2.5 – 4.5 uncuffed, 3.0 – 9.0 cuffed (stylet and syringe)
- Laryngoscope and blades (Sizes 2 – 4 straight and curved)
- Magill forceps (adult and pediatric)
- Tongue depressor
- BVM with mask and connection tubing (adult and pediatric)
- Suction (bulb, rigid and flexible catheter)
- Oxygen administration devices (nasal cannula, simple mask, partial non-rebreather mask, Venturi mask, mini nebulizer)
- Pulse oximetry (can be built-in to the cardiac monitor/defibrillator unit)
- Glucometer
- Penlight
- Trauma shears
- Stethoscope
- Sphygmomanometer
- Vascular access (antiseptic wipe, IV catheters 18 – 22 ga., tourniquet, tape/securing device)
- Sharps container
- Syringes, 3 of each size (1 mL, 3 mL, 10 mL, 30 mL)
- Needles (5 – 21 ga.)
- 10 mL normal saline flush (5)
- Intranasal atomization device (2)
- Microdrip and macrodrip tubing, 2 each
- Pediatric weight-based assessment tool
- Hemorrhage control (pressure dressing, tourniquet, occlusive dressing, hemostatic agent, abdominal pad, 4 x 4, Kling® or Kerlex®)
- PPE (gowns and face masks may be in the ambulance)
- Cardiac Monitor/defibrillator capable of 12-lead ECG acquisition and transcutaneous pacing (adult and pediatric)
- Waveform capnography or colorimetric device
- Oxygen cylinder with regulator

The following medications may be included in the “First-in” bag or as part of a separate Medication bag:

- Alpha/beta adrenergic agonists (epinephrine, 1: 1,000 [2 – 10 mcg/min IV/IO; 0.3 mg IM; 5 mg inhaled]; epinephrine, 1: 10,000 3 mg IV/IO [1 mg administered 3 times])
- Analgesia (morphine 0.1 mg/kg IV/IO or fentanyl 1 mcg/kg IN/IM/IV/IO)
- Anticholinergics (atropine, 0.5 mg – 3 mg, (pediatric 0.01 – 0.02 mg/kg); ipratropium, 1.5 mg nebulized (0.5 mg up to 3 times in conjunction with albuterol)
- Benzodiazepines (diazepam 10 mg IV or lorazepam 4 mg IV or midazolam 5 mg IV/IM/IN/buccal) double for the second dose
- Beta-2 agonist (albuterol, 15 mg nebulized [5 mg continuous])
- Glucose-elevating agents, (oral glucose, 25 gm PO; dextrose, 50 gm of 10 – 50% solution IV/IO (25 gm administered 2 times); glucagon, 2 mg IM/IN (1 mg administered 2 times)
- Isotonic fluid, 2 L (normal saline or lactated Ringer’s)
- Adenosine, 6 mg, 12 mg, and 12 mg doses IV/IO
- Amiodarone, 450 mg IV/IO or lidocaine, 3 mg/kg IV/IO
- Aspirin, chewable, nonenteric-coated preferred, 325 mg
- Naloxone, 2 mg IV/IO/IM/IN/ETT
- Nitroglycerin, 0.4 mg SL (35 doses, tablets or spray or paste)

The following equipment is to be located in the ambulance:

- 3 ¼” 14 ga. Angiocatheter for needle thoracostomy
- Antiemetic (ondansetron 4 mg IV/IO/PO or metoclopramide 10 mg IV/IO/IM or prochlorperazine 10 mg IV/IM)
- Antipsychotics (haloperidol 10 mg or olanzapine 10 mg or ziprasidone 10 mg)
- Calcium chloride 10%
- Dexamethasone 16 mg IV/IM
- Diltiazem, 0.25 mg/kg and 0.35 mg/kg IV/IO
- Diphenhydramine ,50 mg
- Dopamine, 2 – 20 mcg/min IV/IO
- Atropine/pralidoxime chloride autoinjector
- Ketamine, 4 mg/kg
- Ketorolac, 60 mg IV/IM
- Magnesium sulfate, 4 Grams
- Sodium bicarbonate, 1 mEq/kg IV/IO
- Non-invasive ventilation techniques (CPAP, BiPAP, Intermittent positive pressure breathing, humidified high-flow nasal cannula)
- IO catheters (adult and pediatric), IO stabilization device, stop cock or extension set, pressure infusion bag
- OB kit (bulb syringe, 2 cord clamps)
- PPE (gowns and face masks may be in the ambulance)
- Waveform capnography or color metric device (can be in the First-in Bag or the ambulance)
- Fracture stabilization (pelvic binder, rigid splints, air splints, traction splints)

- Cold packs
- Hot packs
- Eye shield
- Cervical collar (adjustable or various sized, adult and pediatric)

Medications:

- Cyanide antidote (amyl nitrite, 0.3 mg inhaled; sodium thiosulfate, 12.5 Gm IV; and sodium nitrite, 300 mg IV or hydroxocobalamin, 5 mg)
- Steroids (methylprednisolone, 125 mg IV or dexamethasone 16 mg IV/IM or hydrocortisone succinate 100 mg IV/IM)

## **Appendix C: Examination Staff Roster**

**NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS**  
**ADVANCED LEVEL PSYCHOMOTOR EXAMINATION**  
**ROSTER FOR SKILL EXAMINERS, PROFESSIONAL PARAMEDIC PARTNERS, AND**  
**SIMULATED PATIENTS**

**EXAM DATE:** \_\_\_\_\_

**PATIENT ASSESSMENT – TRAUMA**

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PATIENT\*: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PATIENT\*: \_\_\_\_\_

**PATIENT ASSESSMENT – MEDICAL**

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PATIENT\*: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PATIENT\*: \_\_\_\_\_

**VENTILATORY MANAGEMENT**

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### CARDIAC MANAGEMENT SKILLS

Dynamic and Static Cardiology:

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Cardiac Arrest Management/AED:

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### ORAL STATION

Oral A Case:

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Oral B Case:

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### IV & MEDICATION SKILLS

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### PEDIATRIC SKILLS

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**RANDOM EMT SKILLS**

EXAMINER: _____	LOCATION: _____
EMT ASSISTANT: _____	PATIENT: _____
EXAMINER: _____	LOCATION: _____
EMT ASSISTANT: _____	
PATIENT: _____	

**INTEGRATED OUT-OF-HOSPITAL SCENARIO**

EXAMINER: _____	LOCATION: _____
PROFESSIONAL PARAMEDIC PARTNER: _____	
SIMULATED PATIENT: _____	
EXAMINER: _____	LOCATION: _____
PROFESSIONAL PARAMEDIC PARTNER: _____	
SIMULATED PATIENT: _____	
EXAMINER: _____	LOCATION: _____
PROFESSIONAL PARAMEDIC PARTNER: _____	
SIMULATED PATIENT: _____	
EXAMINER: _____	LOCATION: _____
PROFESSIONAL PARAMEDIC PARTNER: _____	
SIMULATED PATIENT: _____	

## **Appendix D: Non-Disclosure and Release Agreements**



SCOTT V. NORANDO BUILDING  
6610 BIRCH BLVD.  
P.O. BOX 29233  
COLUMBUS, OHIO 43229-0233

(614) 888-4484  
www.nremt.org

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- Reconstructing exam content using your memory or the memory of others
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- Removing examination content or recorded information from the examination
- Communicating details of the examination with anyone other than the National Registry Representative

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- Immediate suspension or termination of the examination session
- Disciplinary action
- Legal action
- Prohibition from future examination administrations

I acknowledge that I have read, understand, and agree to these terms.

\_\_\_\_\_  
Examination Participant's Name

\_\_\_\_\_  
Examination Participant's Signature

\_\_\_\_\_  
Date



83000 V. NORANDO BUILDING  
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By signing below, you are acknowledging the following:

- You have voluntarily chosen to attend and participate in a National Registry examination.
- You understand that you are not an employee of the National Registry and that you will not receive wages or compensation from the National Registry for participation.
- You release the National Registry of liability for any damages that occur during participation in the examination.

I acknowledge that I have read, understand, and agree to these terms.

\_\_\_\_\_  
Examination Participant's Name

\_\_\_\_\_  
Examination Participant's Signature

\_\_\_\_\_  
Date