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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02840 (07/2021) | **STATE OF WISCONSIN**  Office of Preparedness and Emergency Health Care  Wisconsin Technical College System | | |
| **NREMT PSYCHOMOTOR EXAMINATION HOST SITE AFFIRMATION** | | | |
| The State of Wisconsin uses the National Registry of Emergency Medical Technicians® (NREMT) cognitive and psychomotor examinations as the state licensing examination for emergency medical practitioners specified in Wis. Stat. § 256.15(6)(a)3 and Wis. Admin Code § 110.06(1)(d). This form serves as documentation that the Wisconsin emergency medical services (EMS) training center understands the responsibilities that it is accepting by hosting a State of Wisconsin NREMT psychomotor examination. Once completed and signed, a copy of this form should be scanned and uploaded into the documents tab for the NREMT psychomotor examination entry in the Wisconsin EMS E-Licensing System. Questions on the examination process may be directed to [timothy.weir@wtcsystem.edu](mailto:timothy.weir@wtcsystem.edu). | | | |
| Training Center Name | | Examination Number from E-Licensing | |
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| Training Center Coordinator | | Date of Training | |
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| **AFFIRMATION**  The NREMT psychomotor examinations is used by both the State of Wisconsin and the National Registry of Emergency Medical Technicians® as a factor to determine eligibility for certification and licensure. As the examination host site for a professional licensing examination, I understand and accept that my EMS training center must provide a fair and impartial examination process for all candidates. In requesting to host this examination, I understand and accept the following:   * The NREMT psychomotor examination is administered for the purposes of determining eligibility for professional certification and licensing. Candidates should not receive instruction on material being tested or remediation on their performance from examination staff. * The NREMT psychomotor examination scenarios and evaluation forms are confidential and the property of the Wisconsin Technical College System and the Department of Health Services. No examination scenarios or evaluation forms shall be viewed, accessed, duplicated, or otherwise handled without written permission of the Wisconsin Technical College System except by authorized personnel to administer this examination. The host examination site shall return all scenarios to the Wisconsin Technical College System at the end of the examination. * Candidate records are confidential and shall only be viewed, accessed, duplicated, or otherwise handled as authorized by the National Registry of Emergency Medical Technicians, the Wisconsin Technical College System, and the Department of Health Services. Candidate records expressly cannot be accessed by the examination host site for remediation, coaching, or other educational purposes on or after the examination. * The examination host site is responsible for maintaining and instructing examination personnel in the confidentiality of all examination materials, examination scenarios, examination records, and candidate records.   The examination host site and the examination personnel shall adhere to all applicable policies and procedures of the Wisconsin Technical College System, the Department of Health Services, and the National Registry of Emergency Medical Technicians® with respect to administering a NREMT psychomotor examination. | | | |
| I declare that I am the person authorized to complete this form and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with this form and the requested examination may result in enforcement action under Wis. Admin. Code § DHS 110.54 or such other penalties as may be provided by law. I understand that failure to comply with the statutes and/or administrative code provisions of the program authority may be cause for disciplinary action. I further understand that failure to comply with the policies of the Wisconsin Technical System, the Department of Health Services, or the National Registry of Emergency Medical Technicians® may invalidate the examination results, result in action against my training center’s ability to host NREMT psychomotor examinations in the future, or any combination thereof. | | | |
| **SIGNATURE** — Training Center Coordinator | | | Date Signed |
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