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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02848 (07/2021) | | | **STATE OF WISCONSIN**  Office of Preparedness and Emergency Health Care  Wisconsin Technical College System | | | |
| **NREMT PSYCHOMOTOR EXAMINATION RESULTS SUMMARY** | | | | | | |
| DHS Examination # (E-Licensing NREMT Psychomotor Exam Training Number) | | | | | | **Type of Exam Completed** |
| Name | | | | Date of Birth | | Original Exam  Station(s) Retest |
| Email | | | | Phone | | First Retest Exam  Second Retest Exam |
| **REPORT OF STATION PERFORMANCE** | | | | | | |
| Assessment Station | Initial Examination | | | | Retest Examination | |
| Pediatric Assessment Station | Pass  Fail | | | | Pass  Fail | |
| Adult Assessment Station | Pass  Fail | | | | Pass  Fail | |
| Geriatric Assessment Station | Pass  Fail | | | | Pass  Fail | |
| * Candidates failing 2 or less stations are eligible for a same day retest of the failed station(s) * Candidates failing same day retest(s) are allowed 1 last attempt. A third time failure requires a total retest * Candidates failing 3 stations the first time constitutes a complete failure requiring a total retest * Candidates failing 3 stations a second time constitutes a complete failure requiring a total retest * Candidates failing 3 stations a third time constitutes a complete failure requiring remedial education | | | | | | |
| **Initial Station Examination Results** | | **Retest Station Results** | | | | |
| Pass  Fail | | Pass  Fail | | | | |
| **SIGNATURE** — Examiner Designee verifying results are true and accurate | | | | | | |
| **PRINTED NAME** — Examiner Designee | | Date Signed | | | | |