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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02849 (07/2021) | **STATE OF WISCONSIN**  Office of Preparedness and Emergency Health Care  Wisconsin Technical College System | |
| **NREMT PSYCHOMOTOR EXAMINATION RESULTS INITIAL/RETEST AFFIRMATION**  **Check one:**  **Initial**  **Retest** | | |
| Candidate Name | Date | |
|  |  | |
| NREMT Examiner | Location | |
|  |  | |
| **AFFIRMATION**  I understand that if I have an issue or concern regarding my NREMT Psychomotor examination given today that I must make this known **PRIOR TO** receiving my testing results and that I have no recourse after receipt of my testing results. | | |
| **Check one:**  I **do not** **have any issues or concerns** regarding my NREMT Psychomotor exam today.  I **do** **have an issue and/or concern** regarding my NREMT Psychomotor exam today. | | |
| **SIGNATURE** — Candidate | | Date Signed |
|  | |  |
| ***DO NOT WRITE BELOW UNLESS DIRECTED*** | | |
| If you have an issue/concern, please explain: | | |
| Investigation/Resolution (by NREMT Examiner Designee): | | |
| My issue/concern  **was resolved**  **was not resolved** (send to Chief Examiner) | | |
| **REAFFIRMATION**  I am satisfied with the result regarding my issues or concerns.  I have no further issues or concerns regarding the examination staff, testing equipment and/or the fairness or validity of this examination.  I affirm that my test results are an accurate reflection of my performance, not influenced by any other aspect of the exam delivery process. | | |
| |  |  | | --- | --- | | **SIGNATURE** — Examiner | Date Signed | |  |  | | **SIGNATURE** — Candidate | Date Signed | |  |  | | | |