Southern Nevada Health District  
Office of Emergency Medical Services & Trauma System  

EMT Practical Examination Report Form  

Course ID#: ___________________________  
Course Completion Date: ___________________________  

Name: ___________________________  
Last First Middle Initial  
Address: ___________________________  

Training Institution: ___________________________  
Exam Site: ___________________________  
Date: ___________________________  

<table>
<thead>
<tr>
<th>Station</th>
<th>Skill</th>
<th>Attempt #1</th>
<th>Attempt #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station #1</td>
<td>Patient Assessment/Management-Trauma</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Station #2</td>
<td>Patient Assessment/Management-Medical</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Station #3</td>
<td>Cardiac Arrest Management/AED</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Station #4</td>
<td>BVM Ventilation Adult Aspenic Pt</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Station #5</td>
<td>O₂ Admin by NRB</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Station #6</td>
<td>Spinal Immobilization (Supine)</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Station #7</td>
<td>Random Basic Skill</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
</tbody>
</table>

Candidates failing three (3) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing four (4) or more stations constitutes a complete failure of the practical examination. A complete failure of the practical examination will require the candidate to document remedial training over all skills before re-attempting all stations of the practical examination. Candidates are allowed a maximum of three (3) complete examination attempts. Failure to pass all stations by the end of three (3) full examination attempts constitutes a complete failure of the testing process and will require the candidate to complete a new Health District approved EMT training program.

Random EMT Skills are either: Bleeding Control Shock Management, Joint Immobilization, Long Bone Immobilization or Spinal Immobilization (Seated). Random Skill can be assigned by the coordinator.

By my signature below, I acknowledge that I have read, understand and agree to the Southern Nevada Health District Office of Emergency Medical Services EMT Pass/Fail testing criteria listed above.

EMT Candidate: ___________________________  
Legal Signature  
Print Name  

Instructor: ___________________________  
Legal Signature  
Print Name  

Representative’s Comments:

Representative’s Signature: ___________________________