



Michigan Department of Health and Human Services  
 Bureau of EMS, Trauma and Preparedness  
 Division of EMS and Trauma  
 P.O. Box 30207  
 Lansing, MI 48909-0207  
 517-335-8150 (Phone)

Name of education program: \_\_\_\_\_

Program approval number: \_\_\_\_\_

Level of skills re-verification: \_\_\_\_\_

Original Course Completion Date	Skills Re-verification Date	Last Name	First Name	Date of Birth	Airway skills	Trauma skills	Spinal Immobilization	Trauma Assessment	Medical Assessment	CPR (HCP)

MFR/EMR required skills for NREMT psychomotor exam:  
[https://www.michigan.gov/documents/mdhhs/NREMT\\_MFR-EMR\\_Skill\\_Sheets2016\\_625567\\_7.zip](https://www.michigan.gov/documents/mdhhs/NREMT_MFR-EMR_Skill_Sheets2016_625567_7.zip)

EMT required skills for NREMT psychomotor exam:  
[https://www.michigan.gov/documents/mdhhs/NREMT\\_EMT\\_Skill\\_Sheets\\_625565\\_7.zip](https://www.michigan.gov/documents/mdhhs/NREMT_EMT_Skill_Sheets_625565_7.zip)

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Program director signature \_\_\_\_\_ Date signed \_\_\_\_\_

**Email Completed form to: MDHHS-CourseCompletion@michigan.gov**

EMS skills reverification updated 11/18