



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)

## Application for NREMT ALS Psychomotor Exam Evaluator Specialist/AEMT or Paramedic only

**Name:** \_\_\_\_\_ **Licensure level:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

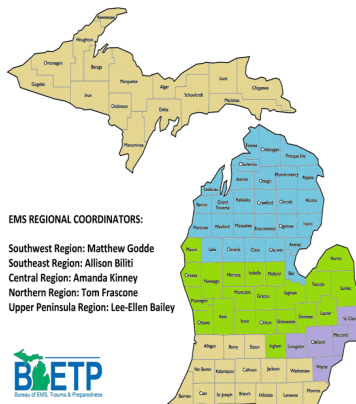
**Mobile phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**IC**      **ACLS Instructor**      **PHTLS/ITLS Instructor**      **Date of training:** \_\_\_\_\_

**By signing this document, I understand the following:**

- Evaluators are required to participate in at least two psychomotor exams per calendar year.
- As an NREMT exam evaluator, I agree to maintain the security of all issued examination materials during the examination, protect confidentiality of student paperwork, and report any misconduct to the MDHHS-BETP NREMT exam representative.
- Behave in a professional manner at all times, including: no conflict of interest, abiding by all MDHHS-BETP and NREMT policies and guidelines, and notify MDHHS-BETP NREMT exam representative in ample time if unable to attend the scheduled exam.
- Must attend any NREMT exam evaluator updates as required.
- Must notify the MDHHS-BETP EMS Education Coordinator with any change to demographics.

EMS Regional Coordinator Map



Preferred exam location (check all that apply)

Oakland Community College-Auburn Hills  
 Kellogg Community College-Battle Creek  
 North Central Michigan College-Petoskey  
 Bay College-Escanaba

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Email completed application to MDHHS-EMSED@michigan.gov**