



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 Psychomotor Exam Evaluator

Specialist/AEMT or Paramedic only

Name: _____ Licensure level: _____

Address: _____

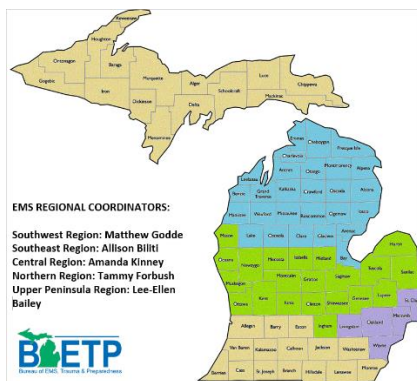
City: _____ State: _____ Zip: _____

Mobile phone number: _____ Email: _____

IC: _____ ACLS Instructor: _____ PHTLS/ITLS Instructor: _____ Region: _____

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.



Preferred exam location (check all that apply):

Oakland Community College-Auburn Hills

Kellogg Community College-Battle Creek

Lansing Community College-Lansing

North Central Michigan College-Petoskey

Bay College-Escanaba

 Signature Date

Email completed application to MDHHS-EMSED@michigan.gov