



Michigan Department of Health and Human Services  
 Bureau of EMS, Trauma and Preparedness  
 Division of EMS and Trauma  
 P.O. Box 30207  
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## Education Program Sponsor Psychomotor Examination Assurance Statement

Authority: Public Act 368 of 1978, as amended.

Approved Initial Education Program Sponsors are designated as a department representative to verify psychomotor competencies for Medical First Responder/EMR and Emergency Medical Technician licensure, Sec. 20950. (2)(c)(i)(ii). Upon successful completion of an MFR/EMR or EMT course, the Education Program Sponsor must verify that the graduate has demonstrated an acceptable level of competency in each of the skill areas identified below. **Measurement of competency will include utilization of the National Registry skill sheets and must be completed after all coursework has ended, following the NREMT [EMR Users Guide for psychomotor exams](#) or the [EMT Users Guide for psychomotor exams](#).** These completed skill sheets must be maintained in the student file for a period of seven (7) years. This signed assurance statement is valid during the current three-year initial education program approval period.

### MFR

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Bag-Valve-Mask Ventilation
- Oxygen Administration
- Bleeding Control/Shock Management
- Long Bone Fracture Immobilization
- Joint Injury Immobilization
- CPR AED

### EMT

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Bag-Valve-Mask Ventilation
- Oxygen Administration
- Supraglottic Airway
- Bleeding Control/Shock Management
- Long Bone Fracture Immobilization
- Joint Injury Immobilization
- CPR/AED

Name of Education Program			
Address			
City	State	Zip	County
Approval #		Approval expiration:	

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this assurance statement on the Program Sponsor's behalf. I affirm by my signature that this program will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDHHS.	
Signature of Program Sponsor Representative	Date

I affirm as the Program Course Coordinator this program will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDHHS.	
Signature of Program Course Coordinator	Date

I affirm as the Program Physician Director I will assure all Emergency Medical Technician graduates successfully completing this program will meet or exceed the practical skills competency requirements as set forth by MDHHS. <b>(EMT only)</b>	
Signature (Please indicate M.D. or D.O.)	Date

