



EMR Comprehensive Practical Examination Sheet				
Testing Site				
Site Coordinator		KEMSIS #		
Exam Site		Page	of	
Course #		Date		

#	Candidate Name	Birthdate	Stations							Overall
			1	2	3	4	5	6	7	
1										
2										
3										
4										
5										
6										
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20										

Note: Please mark through any unused lines above or place ### below the last student

- Station 1: Patient Assessment/Management-Trauma
- Station 2: Patient Assessment/Management-Medical
- Station 3: BVM Ventilation of an Apneic Adult Patient
- Station 4: Oxygen Administration By Non-Rebreather Mask

- Station 5: Cardiac Arrest Management/AED
- Station 6: Spinal Immobilization (Supine Patient)
- Station 7: Random Skills (Joint Immobilization OR Long Bone Immobilization)

I certify that the information given in this form is accurate to the best of my knowledge and recognize that falsification of this may result in discipline as stated in KRS 311A.

Signature Date