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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02849 (07/2021) | **STATE OF WISCONSIN**Office of Preparedness and Emergency Health CareWisconsin Technical College System |
| **NREMT PSYCHOMOTOR EXAMINATION RESULTS INITIAL/RETEST AFFIRMATION****Check one:** **[ ]  Initial** **[ ]  Retest** |
| Candidate Name | Date |
|       |       |
| NREMT Examiner | Location |
|       |       |
| **AFFIRMATION**I understand that if I have an issue or concern regarding my NREMT Psychomotor examination given today that I must make this known **PRIOR TO** receiving my testing results and that I have no recourse after receipt of my testing results. |
| **Check one:**[ ]  I **do not** **have any issues or concerns** regarding my NREMT Psychomotor exam today.[ ]  I **do** **have an issue and/or concern** regarding my NREMT Psychomotor exam today. |
| **SIGNATURE** — Candidate | Date Signed |
|  |  |
| ***DO NOT WRITE BELOW UNLESS DIRECTED*** |
| If you have an issue/concern, please explain: |
| Investigation/Resolution (by NREMT Examiner Designee): |
| My issue/concern [ ]  **was resolved** [ ]  **was not resolved** (send to Chief Examiner) |
| **REAFFIRMATION**[ ]  I am satisfied with the result regarding my issues or concerns.[ ]  I have no further issues or concerns regarding the examination staff, testing equipment and/or the fairness or validity of this examination.[ ]  I affirm that my test results are an accurate reflection of my performance, not influenced by any other aspect of the exam delivery process. |
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| **SIGNATURE** — Examiner | Date Signed |
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| **SIGNATURE** — Candidate | Date Signed |
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