

EMR/EMT
National Registry
Psychomotor Examination
Site Summary
(OAC) 310:641-5-11-(6)-(A) / 310:641-7-13-(j)

Exam Location and Site Number: _____

Date of Exam: _____ EMR Exam EMT Exam

Type or print clearly and list alphabetically

	Candidate Name (Last, First)	Candidate's CAN	Social Security Number	Pass	Fail
1					
2					
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I attest the above information is true and accurate.

National Registry Psychomotor Exam
Coordinator Name and Signature

Date