



Name: _____
Last First MI

Exam Date: ____/____/____

WV Certification Number: _____ **Exam Location:** _____

WVOEMS Class Number: _____ **Training Agency Class Number:** _____

Test Type: ☐ Entire Practical ☐ Retest

** Any failure requires a completed skill sheet to be attached to this summary sheet.*



West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – **Refresher Course**

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

EMT “VERIFIED” Skill Station	Score	Pass/Fail	Date	Instructor Signature
Cardiac Arrest Management / AED				
Baseline Vital Signs				
Spinal Immobilization – Seated Patient				
Spinal Immobilization – Supine Patient				
Long Bone Immobilization				
Joint Immobilization				
12 Lead EKG Acquisition				
Continuous Positive Airway Pressure – CPAP				
Naloxone Administration				
Tetracaine Ophthalmic Administration / Morgan Lens				
Oxygen Administration by Non-Rebreather Mask				
BVM Ventilation of an Apneic Patient				
Medication Supplements 1 – 10 (Oral Glucose, Nitroglycerine, Nebulized Medications, Epinephrine Auto Injector, Epinephrine 1:1000, Glucagon, Diphenhydramine, Oxytocin, Hydralazine, and Magnesium Sulfate)				

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.