

Maine EMS Integrated Practical Exam Instructor Coordinator Feedback Form

Date of Exam: _____ Location: _____

Instructor: _____ State Evaluator: _____

Type of Exam: ___ Skills Stations ___ Scenario Based Level: ___ FR ___ EMTB

Please answer the following questions honestly and completely. The information we gather will be used to make adjustments and improvement to the Integrated Practical Exam. In a few days following the exam a member of the Maine EMS Exam Committee will be making a final follow-up call to you to see if you have other information to offer.

Did the State Evaluator arrive on time? Yes No

Explain: _____

Did IPE start when it was scheduled to begin? Yes No

What would you suggest we do to correct this issue?

Did you have an adequate number of Testers and Victims? Yes No

What would you suggest we do to correct this issue?

Did any issue pertaining to the facility arise during the exam? Yes No

Hot/Cold - Not Enough Space - Distractions

Was the State Evaluator helpful with dealing with issues? Yes No

What would you suggest we do to correct this issue?

Any comments you would like to share:
