

# Maine EMS Integrated Practical Exam Roster for EMT-Basic – Revised 02/13/09

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Course Number: \_\_\_\_\_

**Random Skills and Minimum Points Guide:**

| Skill #s   | Skill Name                        | Min. Pts | Skill #s   | Skill Name                          | Min. Pts |
|------------|-----------------------------------|----------|------------|-------------------------------------|----------|
| 4A, 5A, 6A | Joint Spl/Seated Spinal/ Trauma   | 108      | 4A, 5A, 6B | Joint Spl/Seated Spinal/ Medical    | 100      |
| 4B, 5A, 6A | Long Bone/ Seated Spinal/Trauma   | 109      | 4B, 5A, 6B | Long Bone/Seated Spinal/ Medical    | 101      |
| 4C, 5A, 6A | Traction Spl/Seated Spinal/Trauma | 112      | 4C, 5A, 6B | Traction Spl/Seated Spinal/ Medical | 104      |
| 4A, 5B, 6A | Joint Spl/Supine Spinal/ Trauma   | 109      | 4A, 5B, 6B | Joint Spl/Supine Spinal/ Medical    | 101      |
| 4B, 5B, 6A | Long Bone/ Supine Spinal/Trauma   | 111      | 4B, 5B, 6B | Long Bone/Supine Spinal/ Medical    | 103      |
| 4C, 5B, 6A | Traction Spl/Supine Spinal/Trauma | 114      | 4C, 5B, 6B | Traction Spl/Supine Spinal/ Medical | 106      |

| Name:<br>(Last Name, First Name) | Date<br>Of<br>Birth | Sta.<br># 1<br>CPR<br>(20) | Sta.<br># 2<br>Airway<br>(47) | Sta.<br># 3<br>Bleed<br>(7) | Sta.<br>#4A<br>Joint<br>Splint<br>(8) | Sta.<br># 4B<br>Long<br>Bone<br>Splint<br>(10) | Sta.<br>#4C<br>Traction<br>Splint<br>(14) | Sta.<br># 5A<br>Spinal<br>Seated<br>(12) | Sta.<br># 5B<br>Spinal<br>Supine<br>(14) | Sta.<br>#6A<br>Trauma<br>Assess<br>(40) | Sta.<br>#6B<br>Medical<br>Assess<br>(30) | Minimum<br>Points<br>Awarded /<br>Required | IPE<br>Pass/<br>Fail | W/S |
|----------------------------------|---------------------|----------------------------|-------------------------------|-----------------------------|---------------------------------------|--|---|--|--|---|--|--|----------------------|-----|
| 1.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 2.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 3.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 4.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 5.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 6.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 7.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 8.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 9.                               |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 10.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 11.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 12.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 13.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |

**Maine EMS Integrated Practical Exam Roster for EMT-Basic – Revised 02/13/09**

| Name:<br>(Last Name, First Name) | Date<br>Of<br>Birth | Sta.<br># 1<br>CPR<br>(20) | Sta.<br># 2<br>Airway<br>(47) | Sta.<br># 3<br>Bleed<br>(7) | Sta.<br>#4A<br>Joint<br>Splint<br>(8) | Sta.<br># 4B<br>Long<br>Bone<br>Splint<br>(10) | Sta.<br>#4C<br>Traction<br>Splint<br>(14) | Sta.<br># 5A<br>Spinal<br>Seated<br>(12) | Sta.<br># 5B<br>Spinal<br>Supine<br>(14) | Sta.<br>#6A<br>Trauma<br>Assess<br>(40) | Sta.<br>#6B<br>Medical<br>Assess<br>(30) | Minimum<br>Points<br>Awarded /<br>Required | IPE<br>Pass/<br>Fail | W/S |
|----------------------------------|---------------------|----------------------------|-------------------------------|-----------------------------|---------------------------------------|--|---|--|--|---|--|--|----------------------|-----|
| 14.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  |  |                      |     |
| 15.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 16.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 17.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 18.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 19.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 20.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 21.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 22.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 23.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 24.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 25.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 26.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 27.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 28.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 29.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |
| 30.                              |                     |                            |                               |                             |                                       |  |   |  |  |   |  | /  |                      |     |

**I certify the results of the Integrated Practical Exam listed above to be accurate and true.**

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\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Course Number:** \_\_\_\_\_