

Maine EMS Integrated Practical Exam Roster for First Responder – revised 04/09/09

Date: _____

Location: _____

Course Number: _____

Name: (Last Name, First Name)	Date Of Birth	Sta. # 1 CPR (20)	Sta. # 2 Airway (47)	Sta. # 3 Bleed (10)	Sta. # 4 Long Bone Splinting (10)	Sta. # 5 Spinal/ Supine (14)	Sta. #6 Trauma Assess (29)	Minimum Points Required /Awarded	Pass/ Fail
1.								104/	
2.								104/	
3.								104/	
4.								104/	
5.								104/	
6.								104/	
7.								104/	
8.								104/	
9.								104/	
10.								104/	
11.								104/	
12.								104/	
13.								104/	
14.								104/	
15.								104/	
16.								104/	
17.								104/	
18.								104/	
19.								104/	
20.								104/	

Maine EMS Integrated Practical Exam Roster for First Responder – revised 04/09/09

Name: (Last Name, First Name)	Date Of Birth	Sta. # 1 CPR (20)	Sta. # 2 Airway (47)	Sta. # 3 Bleed (7)	Sta. # 4 Long Bone Splinting (10)	Sta. # 5 Spinal/ Supine (14)	Sta. #6 Trauma Assess (29)	Minimum Points Required /Awarded	Pass/ Fail
21.								104/	
22.								104/	
23.								104/	
24.								104/	
25.								104/	
26.								104/	
27.								104/	
28.								104/	
29.								104/	
30.								104/	

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

Print Name – Instructor Coordinator

Signature – Instructor Coordinator

Date: _____

Print Name – State Evaluator

Signature – State Evaluator

Date: _____

Course Number: _____