Maine EMS Practical Skills Evaluation (PSE) Reporting Form

(Use reverse side of form if extra space is needed)

1. PSE Date: 5.PSE Location:						
2. PSE Level:		EMR 🗆 EMT		6. Course /	Approval #s:	
		□ EMR/EMT Combined				
3. Onsite TC Coordinator:			7. PSEA Administrator:			
4. PSEA Arrival Time:			8. PSEA Departure Time:			
9. Venue Notes:				10 Equipment Notes:		
PSE Stations:			#Stations (Initial)	#Stations (Additional)	Comments:	
11.	Patient Assessm					
12. Patient Assessment - Medical:						
13. Random A:	Bleed	🗆 BVM				
		□ Oxygen				
14. Random B:	Long Bone	Joint				
	□ Seated	□ Supine				
15. # Examiners/Programmed Pts:			17. # Candidates - EMT:			20. #Candidates-EMR:
16. Same Day Re-tests?(Y/N):			18. Pass - EMT:			21. Pass- EMR:
			19. Fail - EMT:			22. Fail-EMR:
	23. Start time o	26. #Legacy Candidates - EMT:			29. #Legacy Candidates - EMR:	
24. End time of PSE:			27. Legacy Pass - EMT:			30. Legacy Pass - EMR:
25. Incident Report Generated?(Y/N):				28. Legacy Fai	il – EMT:	31. Legacy Fail – EMR:
32. Preparedness: (Please comment on location, equipment, and preparation of site)						
33. Evaluators: (Please comment on the preparedness of the evaluators)						
34. General Comments:						
35. Signature of evaluator:						

PSE Administrator – Return to Maine EMS (Please put the following in the PSE Packet, in order):\

- a. PSE Reimbursement form (always on top);
- b. All PSE Rosters (i.e., keep all rosters together, not separated according to individual/class skill sheets)
- c. Complaint forms (if generated)
- d. Incident Reports (if generated)
- e. Test Authorization Forms (if applicable)
- f. "Fails" paperwork (including skill sheets)
- g. EMT Psychomotor Examination Report Forms & Skill Sheets