

**North Dakota Department of Health
Division of Emergency Medical Services
EMT-Basic Practical Examination
Quality Assurance Committee Report**

Candidate: _____ **Exam Site:** _____

Date: _____ **Skill:** _____

Examiner: _____ **Examiner ID Number** _____

After reviewing the facts as presented, the Quality Assurance Committee official and final decision is as follows:

Nullify the results and allow the candidate to retest regardless of original results

Complaint is not valid after consideration and results stand as reported.

We have reviewed the facts as presented to us and agree upon the final decision as listed above. The candidate was also informed of the decision.

State EMS Testing Representative

Exam Coordinator

Site Coordinator

Was an official from the Division of Emergency Medical Services contacted in this case? YES NO

Who was contacted from the Division of Emergency Medical Services _____

Signature of Candidate

Date

This form **MUST BE SUBMITTED** to the Division of Emergency Medical Services with test results.