



Indiana EMS Psychomotor Examination Representative Program

Psychomotor/State Representative Initial Application

** Note the Indiana Department of Homeland Security, Division of Fire and Building Safety, State Fire Marshal's Office, EMS Section has the final decision on the initial appointment and retaining of all Psychomotor/Examination Representatives.

Note that this is an initial application. IDHS reserves the right to request additional information for payment/reimbursement purposes.

Date of Application: _____

Name: _____

PSID: _____

Address: _____

Cert Level:

Street Address

_____ EMR

_____ EMT

City, State, Zip Code IDHS District: _____

_____ Advanced

Contact: Cell: _____

_____ Paramedic

Office: _____

Email: _____

Current EMS Education Affiliations:

_____ IDHS District: _____
Training Institution Training Institution Official (TIO) or Program Director

Lead EMS Instructor for classes

Affiliated EMS Instructor

_____ IDHS District: _____
Training Institution Training Institution Official (TIO) or Program Director

Lead EMS Instructor for classes

Affiliated EMS Instructor

_____ IDHS District: _____
Training Institution Training Institution Official (TIO) or Program Director

Lead EMS Instructor for classes

Affiliated EMS Instructor

Select ONE of the following application statuses that most accurately reflect your background:

I previously was trained and served as an Indiana State Representative before the program ended in 2008 or I am a current National Registry Psychomotor Exam Representative. I was in good standing and was actively functioning when the program ended. I also verify that I am currently functioning as an Indiana Primary Instructor and hold a valid certification as such.

I am a new applicant for consideration as an Indiana "State Representative" for Psychomotor Examinations. I also verify that I am currently functioning as an Indiana Primary Instructor and hold a valid certification as such.

Years of experience as an Indiana Primary Instructor: _____

Number of EMS classes that either was Lead Instructor or taught more than 30 percent of the classroom sessions for in the past two years: _____

Number of EMS Psychomotor Exams that I served as Exam Coordinator in the past two years: _____

Number EMS Psychomotor Exams that I functioned in the "State Representative" capacity (in the absence of the formal program) in the past two years: _____

In 500 Words or less, please explain your interest in being a State Psychomotor Exam Representative (including how often you anticipate agreeing to cover exams and what qualities you feel you can bring to EMS psychomotor testing)(may attached separate page):

I understand that this application is a preliminary application and further applications or information may be needed. I may be required to complete additional paperwork either in the application process or for payment purposes. I hereby verify that the following items are correct:

I have truthfully and accurately answered the questions in this application to the best of my ability.

If selected, I agree to the following terms:

- Attend any preliminary or continuing education training as requested by the EMS Section
- Participate in a mentoring process, if requested, whereby I would shadow other Indiana State Psychomotor Examination Representatives and be trained in the functioning of the position.
- Abide by the Standards of Ethical Conduct for the Indiana Psychomotor Examination Representatives.
- Abide by the Continuing Education requirements to maintain the Indiana Psychomotor Examination Representative status.
- Participate in completely and follow any psychomotor guidelines that are developed for the administration of the psychomotor examinations.

Finally, I understand that the Indiana Psychomotor Examination Representative Program is administered by the Indiana Department of Homeland Security, Division of Fire and Building Safety, State Fire Marshal's Office, EMS Section has final determination of who the representatives will be and will continue to be. The position is a privilege and not a right of any interested Primary Instructor who is experienced in the psychomotor examination process.

Signature

Date