

Psychomotor Examination Payment Request Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Test Site Location:	
Date of Test: _____ (MM-DD-YYYY)	Test Site ID # _____
Name of Test Coordinator: _____	

Number of EMT candidates testing skills	_____	(A)
Number of EMR/FR candidates testing skills	_____	(B)
Total number of candidates testing skills	_____ (A+B)	
Number of same-day retesting candidates:	_____	(C)

Time test site setup started: _____	Time test site take down completed: _____
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Name of Payee: _____	FIN: _____
Address: _____	Phone: _____

Certification:

I hereby certify that all the information provided on this form is correct and that I am not receiving payment from any other source for coordinating this Psychomotor Examination Site.

_____	_____	_____
Test Coordinator's Signature	Test Coordinator's Name Printed	Date of Request (MM-DD-YYYY)
_____	_____	
OEMS Test Examiner Signature	OEMS Examiner's Name Printed	

OEMS Use Only:			
Level of Candidates	Number of Tests	Amount	Total
Emergency Medical Technician(A)		\$	\$
EMR/First Responder (B)		\$	\$
EMT, EMR/FR same-day retests (C)		\$	\$
Test Site Coordinator Fee		\$	\$
Total Consolidated Test Site Cost			\$
Date Processed: / / (MM-DD-YYYY)			
Approved By: _____			

