

# BLS PRACTICAL EXAM EVALUATOR TRAINING PROGRAM

Seven Mountains EMS Council will be conducting an Basic Life Support (BLS) practical examination evaluator training program for those pre-hospital providers who wish to be included within the approved Evaluators who are authorized to test Basic Life Support skills, in accordance with the current Department of Transportation EMT National EMS Education Standards as approved by the Pennsylvania Department of Health, Bureau of EMS, of those individuals successfully completing certification courses within the Commonwealth. This course will deal with the process surrounding the evaluation of basic students and the skills themselves; consequently, a thorough knowledge and understanding of the EMR and EMT standard is a prerequisite for this course.

For admission into the program, students must be at least 18 years old and have a high school diploma or GED; must be currently certified as an EMT, AEMT, Paramedic, or PHRN and have one year's experience providing pre-hospital emergency care; Have current provider CPR certification (**instructor preferred**); receive a recommendation from a current EMT-instructor, EMS Agency Supervisor or Regional Council within the Commonwealth as to skill ability in accordance with those expected of an exam evaluator; assisting instructor experience within an EMS training program is also a plus but not required.

To be utilized as a practical exam evaluator within the Region, you must successfully complete the evaluator training program and successfully complete a post course, supervised probationary evaluation experience (Assist with a Practical Exam) with a positive evaluation received. Probationary experience will be available, on a limited basis, with the courses that will be completing on or around April and May 2019.

The program will be conducted on January 29<sup>th</sup> and 31<sup>st</sup> and February 5<sup>th</sup> and 7<sup>th</sup> 2019 at Fame EMS in Lewistown. Providers who wish to participate in this program must submit the attached application (once completed) along with a letter of recommendation from a current EMT instructor, EMS Agency Supervisor or Regional Council within the Commonwealth. Class size is limited to 25 individuals and will be filled on a first come/first serve basis. **Pre-registration is required by no later than January 25<sup>th</sup> 2019 with no at-the-door registrations accepted!**

If you have any questions, or would like additional information, please feel free to call the Council office at the number below.

If you have a disability and require a reasonable accommodation to participate in an activity administered by Seven Mountains EMS Council, please contact Mark Wolfgang Regional EMS Education Coordinator at 814-355-1474 to identify your disability and the accommodation you seek. Please make your request as soon as possible so that there is time to evaluate the request and arrange for a reasonable accommodation to meet your needs.

Seven Mountains EMS Council  
EVALUATOR TRAINING PROGRAM  
STUDENT APPLICATION

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Level of Certification \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Do you have a high school diploma or GED? Yes ( ) No ( )

College:

Attended ( ) Associate ( ) BS / BA ( ) MS ( ) PhD ( )

**AFFILIATION:**

Primary Affiliate \_\_\_\_\_ Years involved: \_\_\_\_\_

Affiliate Work Status Volunteer ( ) Partial paid ( ) Fully Paid ( )

Supervisor/Captain: \_\_\_\_\_ Phone # \_\_\_\_\_

**QUALIFICATION INFORMATION:**

Number of years certified as a Pennsylvania EMS Provider \_\_\_\_\_

Number of years assisting in an EMT training program \_\_\_\_\_

Verification of EMT\* training:

Program Taken: (Circle all that apply) (Attach certificate(s) if available)

EMT-Basic EMT\* Transition Program Updates

Program Instructor: \_\_\_\_\_

Course dates: \_\_\_\_\_

\*This is the current EMT curriculum, not the curriculum prior to 2013

Applicant's Name: \_\_\_\_\_

**AFFIRMATION**

I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on the application may be grounds for dismissal.

I authorize investigation of all statements contained herein and further authorize the references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if accepted, my enrollment may be terminated according to established course requirements. I also acknowledge that successful completion of the EMT evaluator training program is in no way a guarantee of future employment as an evaluator by the Seven Mountains EMS Council or any other organization including the PA Department of Health.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**REFERENCE LETTER: (ATTACH)**

By whom: \_\_\_\_\_

Acquaintance by: (i.e. Evaluator who evaluated your skills within a practical exam; Instructor for your EMT-B program; Instructed you in continuing education classes; Affiliated with the same service as you; etc.)

---

---

---

---

---

---

---

---