

TEMS, INC.
Regional Sanctioning Oral Board
Physician Endorsement

Provider's Name: _____

Date: _____ **Level:** **EMT-I** **EMT-P**

Phase I

Please evaluate the provider's knowledge of the TEMS regional protocols through his/her answers to general questions.

Pass _____ Fail _____

Comments

Phase II

Please evaluate the provider's knowledge of emergency medical management.

Pass _____ Fail _____

Comments

Phase III

Though questions, evaluate the provider's maturity and emotional stability for carrying out tasks expected of him/her in stressful situations.

Pass _____ Fail _____

Comments

PASS FAIL
(Circle only one choice)

Comments

Physician: _____

Physician: _____