The Greater Miami Valley EMS Council, Inc.

& State of Ohio EMS Region 3

Implementation Guidelines for Protocol Training and Testing 2026-2028

09/16/2026

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Department/Organizational Responsibilities

- Each department/organization will designate personnel to function in the following roles as part of the GMVEMSC's Protocol Training and Testing Program:
    - Department Administrator(s)
        - Holds overall responsibility for the administration and oversight of the program at the Department/Organizational level to include:
            - Protocol Training & Testing
            - Updating the GMVEMSC database regularly to ensure an accurate roster is maintained.
            - Verify that all CBT and skills tests are current in the database.
            - Submit **all** applicable forms to the GMVEMSC.
            - May also serve as a Skills Evaluator and/or CBT Proctor.
            - Requires appointment by their organization's authority having jurisdiction.
        - To become or change a Department Administrator, send an email to Education@GMVEMSC.org including your agency name, current administrator's name, email and phone number, new administrator's name, email and phone number, and what action(s) needs to be made.
    - Skills Evaluator(s)
        - Primary responsibility is practical skills testing of their Department/Organization's members. Additional responsibilities include:
            - Attend mandatory online Skills Evaluator (SE) training sessions, and other mandatory SE training.
                - Training session notifications/instructions will be sent via the listserv.
            - Obtain a minimum score of 90% on the current year's CBT appropriate to their state certification and obtain a minimum score of 80% on the current year's Skill Evaluator's Quiz (SEQ).
                - Only 2 attempts at 90% are permitted per year on the CBT. The SEQ can be attempted as many times as needed to obtain a passing score. The SEQ is created from the implementation guide and administrative sections from the GMVEMSC protocol.
                - If 90% is not achieved on the second CBT attempt, persons may not make another attempt to become a Skills Evaluator for one year from the date of the first attempt.
                - Reinstatement as a Skills Evaluator will require completion of the current cycle Skills Evaluator update video and achieving the required scores on the CBT and SEQ.
            - May also be a Department Administrator and/or CBT Proctor if appointed as such by their organization.

            - Conduct practice and review sessions as necessary prior to testing skills.
        - To become a skills evaluator, the applicant must be recommended by the Department Administrator to the Medical Director and must be approved through the GMVEMSC database.
    - CBT Proctor(s)
        - Primary responsibility is the Computer Based Testing of their Department/Organization's members. Additional responsibilities include:
            - Maintain CBT security.
            - Ensure a suitable testing environment.
            - Follow **all** CBT testing procedures.
        - May also be a Department Administrator and/or Skills Evaluator if appointed as such by their organization.
        - To become a CBT Proctor, the applicant must be recommended by the Department Administrator to the Medical Director and must be approved through the GMVEMSC database.
- Designation of these positions will be processed through the GMVEMSC Standing Orders Database: https://www.gmvemscsodb.com/auth/login.
- No one is permitted to serve as their own Skills Evaluator or CBT Proctor.
- Anyone who is found to give advantage to a test taker or break the testing rules will be removed from the proctor list.

Timeline

- New/updated protocols will generally be released in **July** each year.
- Skills Evaluator sessions will generally be offered from the release date in **July to August 14th** each year. Departments may add **new** Skills Evaluators year-round.
- Revisions to the protocols resulting from the skills evaluator session comments will generally be finalized by **August 14th** each year.
- All practical skills testing must be completed by **October 31st (2359 hours).**
- All Computer Based Testing must be completed between **August 15th and October 31st (2359 hours).**
- **The effective date of the new protocols is November 1, each testing year.**
- Failure to complete all testing by **October 31st (2359)** will result in withdrawal of GMVEMSC support and services from either or both the individual and the department/organization.
- Other personnel (e.g., non-EMS firefighters, chief officers and others who would previously been covered under "Administrative Waivers," and others who do not access Drug Bags or administer Drug Bag medications) may perform care such as use of AEDs and naloxone (not from Drug Bags) if authorized by their Department Medical Director. GMVEMSC no longer requires documentation of "Administrative Waivers."

Computer-based Testing (CBT)

- Only department/organization-appointed and GMVEMSC-approved proctors are authorized to proctor a CBT.
- Each CBT proctor will have a unique access code assigned to them.
- Testing will include **all aspects** of the GMVEMSC protocol, including the training manual.
- The passing score for the CBT is 84% (90% for skills evaluators).
- Each test will have a 45-minute time limit.
- The test will be automatically graded at the end of the time limit.
- In the event of academic dishonesty, test takers will receive a score of zero (0) and it will be documented as a test attempt.
- A maximum of three test attempts (CBT or skills) are permitted each testing cycle year. Skill evaluators tests also count as attempts at the CBT.
- If an individual fails three times, at the discretion of the agency chief and Medical Director, that individual may test at a lower certification level, but then would only be authorized to operate at the lower level, and only after passing CBT and skills tests for that level.
- CBT session preparation and administration:
    - Providers must know their own Ohio or Indiana EMS certification number to take test. It is extremely important that this number be correct as the certification number links the test to the database. Please double check it before starting the tests.
    - The CBT link is found here https://www.gmvemsc.org/protocols.html
    - The CBT will be an open reference test; therefore, reference material will be permitted in the testing area.
        - This includes phones, tablets, study sheets, etc.
    - Any paper used for the test must be left in the testing area to be disposed of by the CBT proctor.
    - Individuals taking the CBT still must be monitored by the department's proctor throughout the testing process.
        - **The recording of any part of the CBT by paper, screenshots, pictures, video, etc., is not permitted and any such occurrence constitutes academic dishonesty.**
    - Providers taking the CBT will need to be taken out of service to test.
        - You cannot stop a CBT to respond on a call.
    - If a power/internet outage or other disaster occurs while testing, the test will be marked as incomplete. The test proctor will have to report the issue to GMVEMSC Education Chair and/or Co-chair and the tests will have to be started from scratch.
- If your department does not have enough computers, personal computers may be used.
- Department CBT proctors will administer 1st and 2nd test attempts including those that fall outside of the regular testing cycle.

- 3rd test attempts require the 3rd test form and will be scheduled through the GMVEMSC Education Committee Chair and/or Co-chair.

Academic Dishonesty

Academic dishonesty will not be tolerated. Actions considered academic dishonesty include (but are not limited to):

- Any attempt to reproduce, copy, modify, or share exam content. This includes memorizing questions for use outside the test area.
- Any form of communicating during an exam with anyone other than the test proctor.
- Giving or receiving aid during the exam.

Testing Accommodations

- Testing accommodations may only be offered for a CBT and/or the SEQ.
- A request for accommodations must occur before the individual's attempt. There will be no accommodation given for test attempts already taken.
- Procedure to request accommodations:
    - Complete the Testing Accommodations Request Form and send it with supporting documentation, electronically, to the Education@GMVEMSC.org no later than 30 days before the requested test date. Documentation must include the following:
        - 1. A permissible ADA diagnosis
        - 2. The issuing medical professional's legible name and signature and contact information.
        - 3. What **exact** accommodation is being asked for (example – **65 minutes** to complete the test – not "more time").
    - If approved, an email will be sent advising of the approved accommodations.
        - Coordination will be between the Education Chair/Co-chair, the requesting individual, and their department's CBT Proctor.
        - Testing Accommodations Form when needed will be sent to Education@GMVEMSC.org for distribution to Education Chair and Co-chair for evaluation.
    - If denied, an email will be sent advising of such.

Skills Testing

- Skills testing must be conducted by a verified Skills Evaluator (SE).
- Testing includes individual skills, optional skills, and Mega Code testing.
- Department Administrators, Skills Evaluators, and Medical Directors should work together to develop and conduct appropriate training and testing on individual skills, optional skills, and medication administration approved for use by the Department Medical Directors.
- Optional Skills:

    - Document and provide to all personnel a list of Optional Skills and Drugs for each provider level that are approved for use by the Chief and Medical Director of your department.
- Skills testing may begin as soon as the current year's protocols and testing cycle has opened and must be completed by **October 31st (2359 Hours).**
- Departments are responsible for maintaining all paperwork associated with their skills testing.
- Department SEs will enter all skills testing results into the GMVEMSC database.
- Department Administrators will verify all testing results in the GMVEMSC database.

Evaluations

- Evaluations will be completed electronically immediately following successful completion of the CBT.

Training Materials

- The following training materials are available on the GMVEMSC web site~~:~~ (https://www.gmvemsc.org/protocols.html):
    - Current and previous year's Protocols
    - PowerPoint with current year's updates
    - Training/Optional Skills Manual
    - Hospital Capabilities
    - Just-in-time standing orders (JITSOs)
    - Implementation Guide

Non-Compliance Policy

If the GMVEMSC has evidence that a provider who is not permitted to access the drug bag or perform procedures requiring medical direction (because he or she has not passed either the current CBT or skills testing) has done so, or an individual, CBT Proctor, Skills Evaluator, or Department Administrator has violated the testing procedures outlined in the guide, the Council will take the following minimum actions:

- 1st offense: Send a registered, return receipt letter to the individual, to the Medical Director, and the Departmental Chief stating that the individual may be practicing outside the State of Ohio Region 3 Protocol and the Ohio Scope of Practice. CBT Proctors will have their proctor number removed from the system.
- 2nd offense: A letter to the Ohio Department of Public Safety Services Division of EMS in addition to all the above stating that the individual may be practicing outside the State of Ohio Region 3 Protocol and the Ohio Scope of Practice.

Any non-compliance issue that involves the Drug Bag Program will include a letter to State of Ohio Board of Pharmacy.

The GMVEMSC may determine, based on severity, that modifications to the above actions are warranted.

By November 1, Departments must have 100% of their rostered personnel who may access the Drug Bag or perform skills requiring medical direction (other than as listed above) to have completed both skills and the CBT or risk appropriate action up to and including removal from the Drug Bag Program.

Management of Test Failures

Failure of either the CBT or any practical skills test will result in a required remediation process.

- *First Test Failure Process*
  - Individual is responsible for reviewing protocol training materials prior to second attempt.
  - Remediation must be documented by the department training officer.
  - The second test must be scheduled with an appropriate Test Proctor for a CBT or Skills Evaluators for a skills test.
    - It is **required** that the second test be taken **a minimum of two weeks / 14 calendar days** after the first test to allow adequate study time.

- *Second Test Failure Process*
  - The GMVEMSC must be notified immediately at education@gmvemsc.org.
  - Department Administrator will notify the Department Chief and Medical Director that the individual has failed their second attempt at the CBT and/or skills test.
  - Individual must meet with Medical Director or designee and department training officer to set up a remediation plan for review of protocol materials. **The consequences of a third test failure must be made clear to the individual. Departments should make every effort to prevent the occurrence of a third test failure.**
  - Upon completion of remediation to the satisfaction of the Medical Director, the "Third Test Request Form" must be completed.
    - The Administrator will document remediation, including areas reviewed, methods of remediation, and hours.
    - The individual will sign that they have completed remediation and are aware of the consequences of a third failure.
    - Medical Director and Department Chief will sign the form indicating that they recommend individual to test for the third time.
    - Form will be submitted to the GMVEMSC Education Committee Chair and Co-chair.
  - Any third CBT must be scheduled with the GMVEMSC Education Committee Chair or Co-chair.
  - The third test must be taken **a minimum of four weeks / 28 calendar days after** the second test to allow adequate study time.
  - It is **required** that two witnesses be present at the third test attempt, and it is recommended that the session be recorded.

    - It is **required** that a minimum of **one** EMS Coordinator or the Education Chair or Co-Chair proctor the third CBT attempt.
    - If requested, a summary of the first two tests can be created and sent to the Department Administrator prior to the 3rd test attempt.
- *Third Test Failure Policy*
    - The GMVEMSC must be notified immediately.
    - The individual **MAY NOT** operate under the GMVEMSC Prehospital Operating Protocols for 1 year from their 3rd test failure date, or the opening of the next protocol testing cycle (whichever occurs sooner) and then only after successfully completing all required protocol testing.
    - The individual **MAY NOT** access the Drug Bag.
    - The individual **MAY NOT** perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice.
    - An individual who does not pass the CBT or skills on their third attempt will be sent a registered, return receipt letter, with copies to their Medical Director and Department Chief, stating that they **MAY NOT** access the drug bag or perform procedures listed in Ohio Department of Public Safety Services Division of EMS Scope of Practice that require Medical Direction.
    - If an individual fails three times, at the discretion of the agency chief and Medical Director, that individual may test at a lower certification level, but then would only be authorized to operate at the lower level, and only after passing CBT and skills tests for that level.
- Newly certified EMS providers or those with a different certification level cannot function at their new level until they have successfully passed all testing requirements at that certification level.
- Individuals who have not successfully completed the CBT and/or skills testing **MAY NOT** perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice and **MAY NOT** access the Drug Bag.

Database

All testing records (both Skills and CBT) will be maintained within the database.

- Individual Responsibilities:
    - All members operating under the GMVEMSC Protocols must create a profile in the database prior to completing a CBT or skills test.
    - To complete profile:
        1. Go to https://www.gmvemscsodb.com/auth/login.
        2. Select new user sign up.
        3. Complete information requested.
        4. Your department administrator will verify your profile.
        5. Once verified, you will log back in and complete the remaining fields.
    - It is each member's responsibility to maintain a current profile and verify **biannually**, prior to each testing cycle.
- Department Administrator Responsibilities:

    - Verify profiles for department members.
    - Recommend CBT Proctors and Skills Evaluators.
    - Verify CBT and skills test results are documented in database.
    - Maintain a current and accurate roster.
- Skills Evaluator Responsibilities:
    - Enter skills test results into database for each department member.
- CBT Proctor Responsibilities:
    - Ensure a secure testing environment.
    - Keep your access code private.
    - Prevent and report academic dishonesty.
    - Contact the GMVEMSC with testing site issues.
- Medical Director Responsibilities:
    - Approve recommended personnel to be Skills Evaluators and CBT Proctors

Forms Explanation

Attestation/Testing Compliance Form:

- This online form is to be completed and signed by November 1st on EVEN numbered years. (GMVEMSC Attestation & Compliance): https://forms.cloud.microsoft/r/ZEgFUu1Qhw -or by scanning the QR code.

Third Test Request Form:

- This form is to be completed and submitted when a third test is needed. Send form to Education@GMVEMSC.org.

GMVEMSC Testing Accommodations Request Form:

- Testing Accommodations Form, when needed, will be sent to Education@GMVEMSC.org for distribution to Education Chair and Co-chair for evaluation.

Skills Testing Summary Sheets:

- These are offered as examples only.
- All skills are to be documented in the GMVEMSC database.

FORMS SECTION

GMVEMSC Third Test Request Form

Department: _____ / Requested date _____ / Test Type: CBT / Skill (circle 1)
Member Name: _____Certification Level: _____

Date & Score of 1st Test: _____ _____ Proctor Name & Location: _____ _____
Date & Score of 2nd Test: _____ _____ Proctor Name & Location: _____ _____

Statement of understanding (to be completed by member requesting second/third test attempt):

I, _____, verify that I have undergone remediation and have worked to prepare myself for the third CBT and/or skills test. I verify that, to the best of my belief, I am now prepared and fully able to successfully complete the CBT and/or skills test. I understand that my third attempt cannot be taken any sooner than twenty-eight calendar days after the second test.

I further acknowledge that I understand the consequences of a third failure to be as follows:

- I MAY NOT operate under GMVEMSC Prehospital Operating Protocols.
- I MAY NOT access the Drug bag.
- I MAY NOT perform EMS skills requiring medical direction according to the State of Ohio Scope of Practice until one year has passed or the effective date of the following standing orders cycle and then only after successfully completing all required testing.
- I further understand that there may be additional consequences under the policies of my employer/department.

_____ _____
Signature of individual requesting third test Date

Remediation Documentation (To be completed by Department Administrator) Third Test
The above-named individual completed the following remediation (check all that apply)

_____ Independent Study ____ Hours
_____ Instruction by an Ohio EMS Instructor ____ Hours
_____ Instruction by a Protocol Skills Evaluator ____ Hours
_____ Instruction by a Medical Director ____ Hours

_____ _____
Department Administrator Signature Date

Recommendation by Department Chief for Third Test
I recommend _____ be given the opportunity to take the GMVEMSC CBT and/or Skills test for the third time.

_____ _____
Department Chief Signature Date

Recommendation by Department Medical Director for Third Test
I recommend _____ be given the opportunity to take the GMVEMSC CBT and/or Skills test for the third time.

_____ _____
Department Medical Director Signature Date

____ One copy brought to test proctor _____ One copy retained by department _____ One copy emailed to the GMVEMSC

GMVEMSC Testing Accommodations Request Form

Department: _____Date of Request: _____

Member Name: _____Certification Level: _____

1. What is the nature of your disability? How does it impact your daily life and educational experience?

_____

_____

2. What exact accommodation(s) are you requesting? How do you function in your EMS role without this dispensation?

_____

_____

3. If you have previously passed the GMVEMSC written test, describe what has changed.

_____

_____

4. List any prior testing accommodations that you have received during your college and/or EMS training. Include whether you did or did not receive accommodations on National Registry testing. Submit any official medical documentation from prior educational accommodations with this form including:
   a. A permissible ADA diagnosis
   b. The issuing medical professional's legible name, signature, and contact information.
   c. What **exact** accommodation is being asked for (example – **5 extra minutes** to complete the test – not "more time").

_____

_____

I certify that the above information is true and accurate. I agree that from the time I begin my examination until I have completed it, I will not communicate in any way with any other individuals taking the examination about the content of the examination.

Member Signature: _____ Date: _____

_____ Date: _____
Department Administrator Signature

_____ Date: _____
Department Chief Signature

_____ Date: _____
Department Medical Director Signature

_____ Date: _____
GMVEMSC Education Committee Chair or Co-chair Signature
Approved/Denied (attach reason if denied)

_____ One copy retained by department _____ One copy emailed to the GMVEMSC

SKILLS TESTING SUMMARY SHEETS

GMVEMSC *PARAMEDIC* PROTOCOL TESTING SUMMARY

Paramedic Name _____**Certification #**_____

EMS Department (s): _____

Paramedic	First Test			Second Test			Third Test		
Skills	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor / Date**
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
MEGA CODE:									
Adult (ACLS Medications - Verbal) Defibrillator (Manual and Automated)									
Pediatric (Use of Length / Weight Based Tape) Defibrillator (Manual and Automated)									
Alerts (Cardiac, Stroke, Trauma)									
AIRWAY & TRAUMA:									
Orotracheal Intubation – Non-Trauma Adult, Pedi & Infant									
Inline Orotracheal Intubation – Trauma Adult, Pedi & Infant									
*Alternative Airway Insertion (King & King Vision, LMA, iGel)									
Continuous Positive Airway Pressure (CPAP)									
*Surgical Cricothyrotomy									
Chest Decompression									
Intraosseous EZ-IO/Manual (Primary & Secondary sites)									
*Commercial Tourniquet Application									
MEDICATIONS:									
Complex Medication Administration (Reference Supplemental Sheet)									
General Medication Administration (Other than Complex Meds)									
Cyanide Kits & *HazMat Meds									
Intraosseous Infusion									
Nebulizer with BVM									
Intranasal Med Administration									
Special Venous Access (Central Line / Dialysis Fistula)									
MISCELLANOUS SKILLS:									
12 Lead– Acquisition, Interpretation & Transmittal									
$EtCO_2$ Detection (All Forms)									
Spinal Motion Restriction									
Glucometer & Oral Glucose									
*Mechanical CPR Device									

Paramedic Computer Based Test

* Optional skills

First Test: **Version** _____ **Score** _____ **Date** _____ **Proctor** _____

Second Test **Version** _____ **Score** _____ **Date** _____ **Proctor** _____

Third Test **Version** _____ **Score** _____ **Date** _____ **Proctor** _____

GMVEMSC *Advanced EMT* PROTOCOL TESTING SUMMARY

Advanced EMT Name _____ **Certification #**_____
EMS Department (s): _____

Advanced EMT	First Test			Second Test			Third Test		
Skills	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor / Date**
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
MEGA CODE:									
Adult Defibrillator (Manual & Automated)									
Pediatric Use of Length/Weight Based Tape & Defibrillator (Manual and Automated)									
Alerts (Cardiac, Stroke, Trauma)									
AIRWAY & TRAUMA:									
Orotracheal Intubation – Non-Trauma Adult, Pedi & Infant Apneic, or Pulseless and Apneic									
Inline Orotracheal Intubation – Trauma Adult, Pedi & Infant Apneic, or Pulseless and Apneic									
*Alternative Airway Insertion (King & King Vision) (LMA) Apneic, or Pulseless and Apneic									
Continuous Positive Airway Pressure (CPAP)									
Chest Decompression									
Intraosseous EZ-IO/Manual (Primary & Secondary sites)									
*Commercial Tourniquets Application									
MEDICATIONS:									
Complex Medication Administration (Reference Supplemental Sheet)									
General Medication Administration (Other than Complex Meds)									
HazMat Meds									
*Intraosseous Infusion									
Nebulizer with BVM									
Intranasal Med Administration									
MISCELLANOUS SKILLS:									
12 Lead– Acquisition & Transmittal									
$EtCO_2$ Detection (All Forms)									
Spinal Motion Restriction									
Glucometer & Oral Glucose									
*Mechanical CPR Device									

Computer Based Test

* Optional skills

First Test **Version** _____ **Score** _____ **Date** _____ **Proctor** _____

Second Test **Version** _____ **Score** _____ **Date** _____ **Proctor** _____

Third Test **Version** _____ **Score** _____ **Date** _____ **Proctor** _____

GMVEMSC *EMT* PROTOCOL TESTING SUMMARY

EMT Name _____**Certification #**_____

EMS Department (s): _____

EMT	First Test			Second Test			Third Test		
Skills	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor / Date**
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
MEGA CODE:									
Adult - Defibrillator (Automated)									
Pediatric - (Use of Length / Weight Based Tape) Defibrillator (Automated)									
Alerts (Cardiac, Stroke, Trauma)									
AIRWAY & TRAUMA:									
Alternative Airway Insertion (Primary - King) (Secondary – LMA) Pulseless **and** Apneic only									
Continuous Positive Airway Pressure (CPAP)									
*Commercial Tourniquet Application									
MEDICATIONS:									
ALBUTEROL (Proventil) – Pt. Assist									
ASPRIN (ASA)									
DIAZEPAM (Valium) CANA Pen									
DUODOTE									
EPINEPHRINE (EPIPEN)									
NALOXONE (Narcan)									
NITROGLYCERINE– Pt. Assist									
ORAL GLUCOSE									
MISCELLANOUS SKILLS:									
*12 Lead– Acquisition, & Transmittal									
$EtCO_2$ Detection (All Forms)									
Spinal Motion Restriction									
Glucometer & Oral Glucose									
*Mechanical CPR Device									

Computer Based Test

* Optional skills

First Test
Version _____ **Score** _____ **Date** _____ **Proctor** _____

Second Test
Version _____ **Score** _____ **Date** _____ **Proctor** _____

Third Test
Version _____ **Score** _____ **Date** _____ **Proctor** _____

GMVEMSC *EMR* PROTOCOL

TESTING SUMMARY

EMR Name _____Certification #_____

EMS Department (s): _____

EMR	First Test			Second Test			Third Test		
Skills	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor/ Date**	**Pass**	**Fail**	**Instructor / Date**
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
MEGA CODE:									
Adult (Automated External Defibrillator)									
Pediatric - (Use of Length / Weight Based Tape) Defibrillator (Automated)									
AIRWAY & TRAUMA:									
Nonrebreather Mask									
Nasal Cannula									
Bag-Valve Mask									
*Commercial Tourniquet Application									
MEDICATIONS:									
Assist w/ Patients own Epi-pen									
Narcan									
DUODOTE									
MISCELLANOUS SKILLS:									

* Optional skills

Computer Based Test

First Test
Version _____ Score _____ Date _____ Proctor _____

Second Test
Version _____ Score _____ Date _____ Proctor _____

Third Test
Version _____ Score _____ Date _____ Proctor _____