

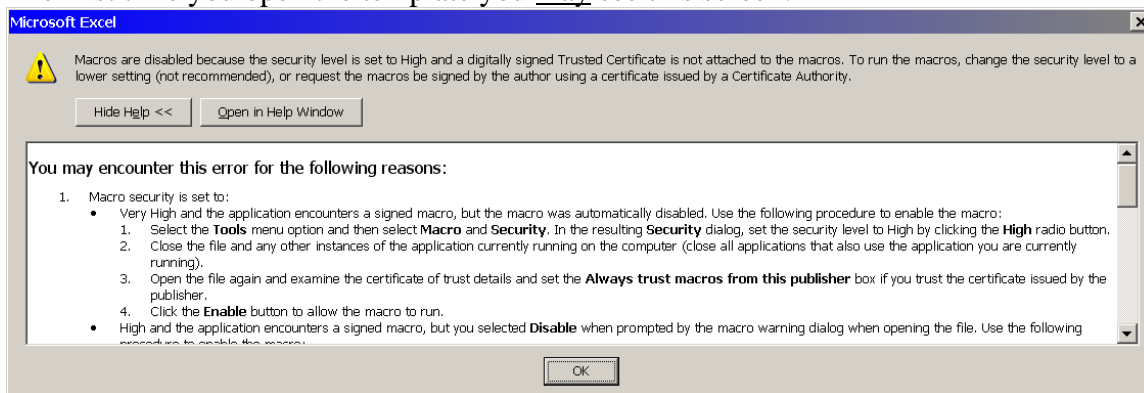
Instructions for using the EligibilityInputForm Excel workbook template

Always start with the workbook template found on the WTCS EMS website.

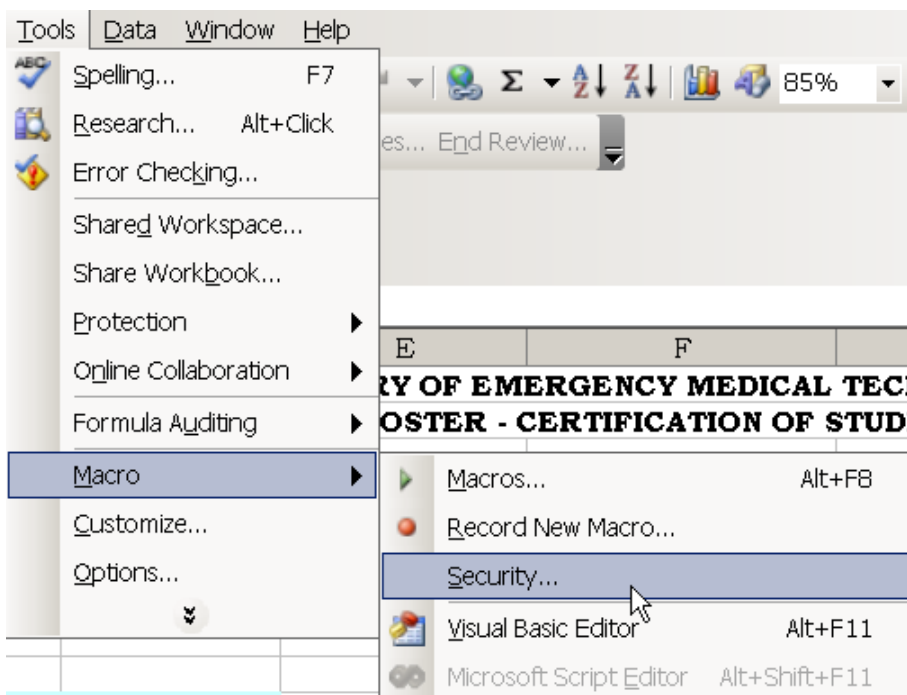
Remember that there are specific instructions for emailing the completed workbook to Arleen. You will find those instructions starting on page 7.

You will not be making any changes to the template. When you open the template, Excel will make a copy naming it by default EligibilityInputForm1.xls. Every time you open the template directly you will get a new copy.

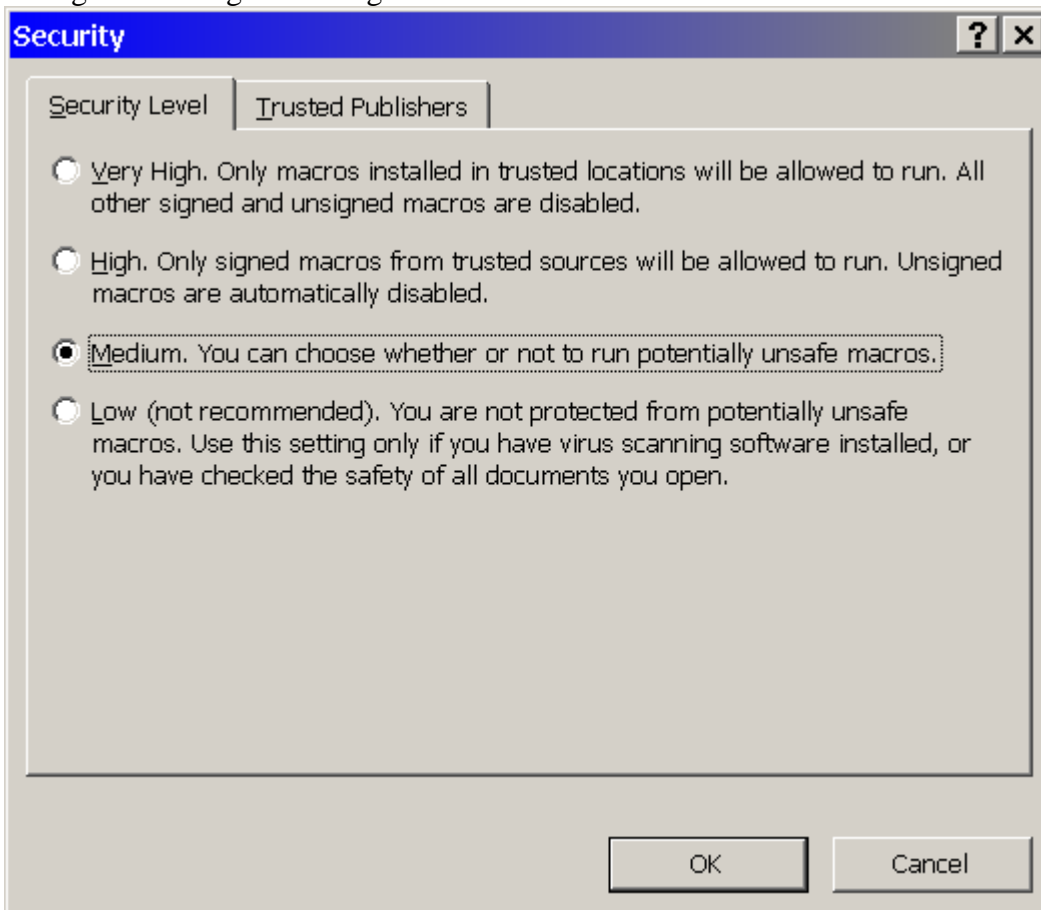
The first time you open the template you may see this screen:



If you do, then you need to change your security setting. If not, you will not have to change your setting. To change security settings, go to Tools then Macro then Security:



Change the setting from “High” to “Medium”:

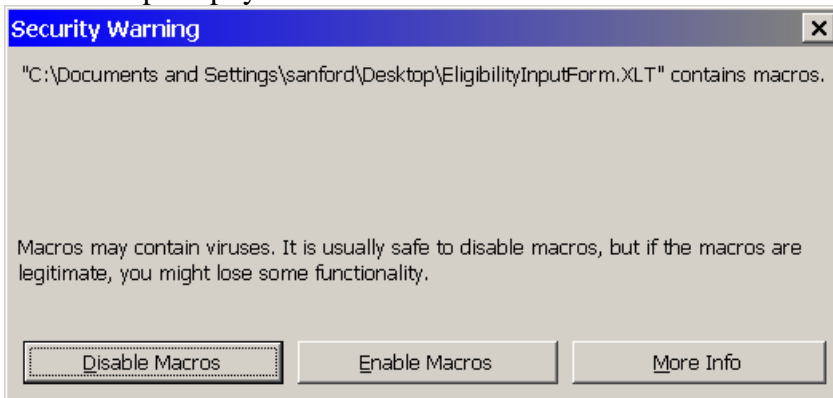


This Excel Workbook uses macros to do its work.

Fortunately Excel will remember this setting (on the computer you are using). If you open the template from a new or different computer you may have to reset this setting.

Once you’ve changed this setting, close Excel (and answer “No” if it asks you to save changes). Then re-open the template.

Excel will prompt you to Enable Macros with a box like this:

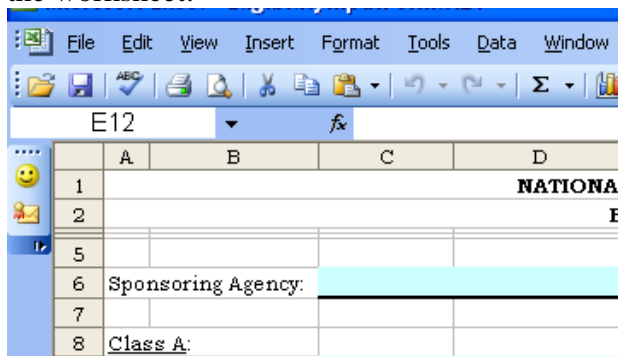


Press the “Enable Macros” button.

Excel should open up a copy of the template that looks like this:

| NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS EXAMINATION STUDENT ROSTER - CERTIFICATION OF STUDENT ELIGIBILITY | | | | | | | | | | | |
|---|--------------------|------------|-----------|-------------------|--------------------|------|-------|-----|-----|--------|--|
| 6 | Sponsoring Agency: | | | | Key Contact Email: | | | | | | |
| 8 | Class A: | | | | Class B: | | | | | | |
| 9 | Location: | | | | Location: | | | | | | |
| 10 | Beginning Date: | | | | Beginning Date: | | | | | | |
| 11 | Ending Date: | | | | Ending Date: | | | | | | |
| 12 | Instructor: | | | | Instructor: | | | | | | |
| 14 | Class C: | | | | Class D: | | | | | | |
| 15 | Location: | | | | Location: | | | | | | |
| 16 | Beginning Date: | | | | Beginning Date: | | | | | | |
| 17 | Ending Date: | | | | Ending Date: | | | | | | |
| 18 | Instructor: | | | | Instructor: | | | | | | |
| 21 | Examination Site: | | | | Examination Host: | | | | | | |
| 22 | Chief Examiner: | | | | Examination Date: | | | | | | |
| 24 | Last Name | First Name | SS Number | DOB MM/DD/YYYY | Address | City | State | Zip | A/B | Retest | |
| 25 | 1) | | | | | | | | | | |
| 26 | 2) | | | | | | | | | | |
| 27 | 3) | | | | | | | | | | |
| 28 | 4) | | | | | | | | | | |

This is the only worksheet that you should be entering data on. Note the vertical toolbar icons on the left side of the worksheet:



If these do not appear you did not enable macros. You will be able to enter the data, but you will have to save the workbook, close it, and then re-open it to use the data you enter to fill out the other worksheets for printing, and you will not be able to create the copy of the “Eligibility” sheet that gets sent to the System Office.

Directions for the entries in rows 6 through 22:

Sponsoring Agency: (enter your district/training center)

Key Contact Email: (i.e., EMS supervisor)

You can enter up to 4 Classes (A/B/C/D):

Location:

Beginning Date:

Ending Date:

Instructor:

The following 4 items refer to the practical exam:

Examination Site:

Chief Examiner:

Examination Host:

Examination Date:

Directions for entering students:

Last Name and First Name:

Enter the last name and first name of the students. You may enter the names in the individual columns, or enter both names in the Last Name column using the form “LastName” comma space “FirstName”. Either of these will work. You do not have to alphabetize the list yourself, when you get to the smiley face, the program will alphabetize for you:

| | | Last Name | First Name | SS Number | DOB MM/DD/YYYY | Address | City | State | Zip | A/B | Retest |
|----|----|-----------|------------|-----------|-------------------|--------------|-----------|-------|-------|-----|--------|
| 24 | | | | | | | | | | | |
| 25 | 1) | Blow | Joe | | 5/16/1948 | 123 Main St. | Anytown | WI | 55555 | A | N |
| 26 | 2) | Doe, Mary | | | 10/31/1984 | 456 Oak St. | Somewhere | WI | 55543 | A | N |
| 27 | 3) | | | | | | | | | | |
| 28 | 4) | | | | | | | | | | |

SS Number:

The Social Security Number should be entered in the SS Number column. When typing the number in you may use dashes or not. As you type you will not see the number. However, the number will appear in the text box following the *fx*, see cell above column C in this picture:

| | | Last Name | First Name | SS Number | DOB MM/DD/YYYY | Address | City | State | Zip | A/B | Pd | Retest |
|----|----|-----------|------------|-----------|-------------------|---------|------|-------|-----|-----|----|--------|
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | 1) | | | | | | | | | | | |
| 26 | 2) | | | | | | | | | | | |
| 27 | 3) | | | | | | | | | | | |
| 28 | 4) | | | | | | | | | | | |

This is done to prevent the Social Security Number from appearing on printed copies of this worksheet.

DOB MM/DD/YYYY:

Enter the student’s date of birth. This is a key identifier in our records.

Address, City, State, Zip:

Enter these fields in the columns provided.

A/B:

Enter one class letter for each student, from your district, based on classes listed on the top of the page. Those students testing from another district or retesting see instructions for filling in the retest column.

Pd:

Can be used to record if payment has been received. This is only for your records.

Retest:

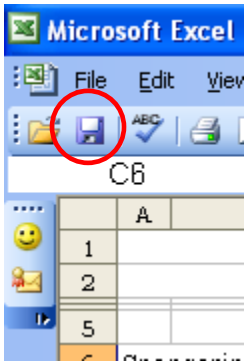
- 1) If the student is an original student from your district you may leave this area blank.
- 2) If the student is an original student from another district, type in the district acronym or site code.
- 3) If the student is taking an Initial Retest or Station Retest enter the district from which they gained eligibility for testing.
- 4) If the student is a total retest student enter the district from which they gained their eligibility for testing.



Directions for entering Evaluators (on the Evaluator Worksheet)

Type in the person's name, what room they will be working in and a phone number where that person can be contacted if the WTCS office has questions.

Saving your work

Presumably you will be entering this data piecemeal—adding students to the roster a few at a time. When you've entered some students and wish to save the worksheet just press the "Save" button on the top Excel toolbar:




The "secure email" icon  beneath the smiley face  will be used to encrypt your file, so that you can securely send the file to Arleen. The "secure email" icon will assign a default file name, so if you complete more than one eligibility list on a single day you will need to rename the first file **BEFORE** saving the second file or the second file **will** overwrite the first.

Completing the worksheets

Once the eligibility sheet is completed:

| | A | B | C | D | E | F | G | H | I | J | K |
|----|--|------------------|-------------------|------------------|------------|-------------------------------------|-------------|--------------|------------|------------|---------------|
| 1 | NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS | | | | | | | | | | |
| 2 | EXAMINATION STUDENT ROSTER - CERTIFICATION OF STUDENT ELIGIBILITY | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | Sponsoring Agency: doofus | | | | | Key Contact Email: jbloke@email.com | | | | | |
| 7 | | | | | | | | | | | |
| 8 | Class A: | | | | | Class B: | | | | | |
| 9 | Location: Somewhere | | | | | Location: | | | | | |
| 10 | Beginning Date: 1/13/2008 | | | | | Beginning Date: | | | | | |
| 11 | Ending Date: 5/15/2008 | | | | | Ending Date: | | | | | |
| 12 | Instructor: Joe Bloke | | | | | Instructor: | | | | | |
| 13 | | | | | | | | | | | |
| 14 | Class C: | | | | | Class D: | | | | | |
| 15 | Location: | | | | | Location: | | | | | |
| 16 | Beginning Date: | | | | | Beginning Date: | | | | | |
| 17 | Ending Date: | | | | | Ending Date: | | | | | |
| 18 | Instructor: | | | | | Instructor: | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | Examination Site: Somewhere | | | | | Examination Host: Someone Else | | | | | |
| 22 | Chief Examiner: Jane Doe | | | | | Examination Date: 6/15/2008 | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | Last Name | First Name | SS Number | DOB | Address | City | State | Zip | A/B | Retest |
| 25 | 1) | Bloe | Joe | | 5/16/1948 | 123 Main St. | Anytown | WI | 55555 | A | N |
| 26 | 2) | Doe, Mary | | | 10/31/1984 | 345 Oak St. | Somewhere | WI | 55543 | A | N |
| 27 | 3) | | | | | | | | | | |
| 28 | 4) | | | | | | | | | | |

And you are ready to fill out the Roster, Pass/Fail, Dispatch, Signature and Evaluators worksheets, press the smiley face  icon. Pressing this icon will:

- Sort the Eligibility list by Last Name and First Name
- Fill in the student information in the other worksheets:
 - Dispatch:

| | A | B | C | D | E | F | G | H | I |
|--|---|---------------------------|------------|--------------------------|---------------|------------------|-------------------------|------------------------|--------------------|
| 1 | NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS | | | | | | | | |
| 2 | STATION DISPATCH ASSIGNMENTS | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | Examination Date: | | Somewhere | | | | | | |
| 5 | Chief Examiner: | | Jane Doe | | | | | | |
| 6 | | | | | | | | | |
| 7 | | Name (Last, First) | DOB | Medical Pt Assess | Spinal | Splinting | Trauma Pt Assess | BVM / Combitube | Cardiac AED |
| 8 | 1) | Bloe, Joe | 5/16/1948 | | | | | | |
| 9 | 2) | Doe, Mary | 10/31/1984 | | | | | | |
| 10 | 3) | | | | | | | | |
| 11 | 4) | | | | | | | | |
| 12 | 5) | | | | | | | | |
| Signature / Eligibility / Dispatch / Pass-Fail / Roster | | | | | | | | | |

- Pass-Fail:

| | A | B | C | D | E | F | G | H | I |
|--|---|---------------------------|------------|--------------------------|---------------|------------------|-------------------------|------------------------|--------------------|
| 1 | NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS | | | | | | | | |
| 2 | PASS-FAIL | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | Examination Date: | | Somewhere | | | | | | |
| 5 | Chief Examiner: | | Jane Doe | | | | | | |
| 6 | | | | | | | | | |
| 7 | | Name (Last, First) | DOB | Medical Pt Assess | Spinal | Splinting | Trauma Pt Assess | BVM / Combitube | Cardiac AED |
| 8 | 1) | Bloe, Joe | 5/16/1948 | | | | | | |
| 9 | 2) | Doe, Mary | 10/31/1984 | | | | | | |
| 10 | 3) | | | | | | | | |
| 11 | 4) | | | | | | | | |
| 12 | 5) | | | | | | | | |
| Signature / Eligibility / Dispatch / Pass-Fail / Roster | | | | | | | | | |

○ Roster

| | A | B | C | D | E |
|--|-----------------------------------|-----------|---|------------|---|
| 2 | EXAMINATION STUDENT ROSTER | | | | |
| 3 | | | | | |
| 4 | Examination Date: | | | Somewhere | |
| 5 | Chief Examiner: | | | Jane Doe | |
| 6 | | | | | |
| 7 | Name (Last, First) | | | DOB | |
| 8 | 1 | Bloe, Joe | | 5/16/1948 | |
| 9 | 2 | Doe, Mary | | 10/31/1984 | |
| 10 | 3 | | | | |
| 11 | 4 | | | | |
| 12 | 5 | | | | |
| 13 | 6 | | | | |
| 14 | 7 | | | | |
| ◀ ▶ ⏪ ⏩ \ Signature / Eligibility / Dispatch / Pass-Fail / Roster / | | | | | |

○ Signature

| | A | B | C | D | E | F | G | H | I | J |
|----|--|-----------|---|-----------------------|--------------------|------------------|---|-------------|---|---|
| 1 | NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS | | | | | | | | | |
| 2 | EXAMINATION STUDENT ROSTER - CERTIFICATION OF STUDENT ELIGIBILITY | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | By my signature, I certify the following named students to have successfully completed all the requirements pertaining to mandatory perfect attendance and satisfactory completion of the EMT-Basic class(es) described below. | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | Sponsoring Agency: | doofus | | | Key Contact Email: | jbloke@email.com | | | | |
| 7 | | | | | | | | | | |
| 8 | Class A: | | | | Class B: | | | | | |
| 9 | Location: | Somewhere | | | Location: | | | | | |
| 10 | Beginning Date: | 1/13/2008 | | | Beginning Date: | | | | | |
| 11 | Ending Date: | 5/15/2008 | | | Ending Date: | | | | | |
| 12 | Instructor: | Joe Bloke | | | Instructor: | | | | | |
| 13 | | | | | | | | | | |
| 14 | Class C: | | | | Class D: | | | | | |
| 15 | Location: | | | | Location: | | | | | |
| 16 | Beginning Date: | | | | Beginning Date: | | | | | |
| 17 | Ending Date: | | | | Ending Date: | | | | | |
| 18 | Instructor: | | | | Instructor: | | | | | |
| 19 | | | | | | | | | | |
| 21 | Examination Site: | Somewhere | | | Examination Host: | Someone Else | | | | |
| 22 | Chief Examiner: | Jane Doe | | | Examination Date: | 6/15/2008 | | | | |
| 23 | | | | | | | | | | |
| 24 | | | | | | | | | | |
| 25 | | | | | | | | | | |
| 26 | | | | | | | | | | |
| 27 | | | | | | | | | | |
| 28 | | | | | | | | | | |
| 29 | Signature | | | Position/Title | | | | Date | | |
| 30 | | | | | | | | | | |

○ Evaluators

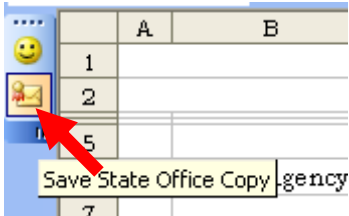
| | A | B | C | D | E | F | G | H | |
|----|---|-------------------------------|---|-----------------------------|---|-------------------------|---|---|--|
| 1 | NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS | | | | | | | | |
| 2 | EVALUATOR ASSIGNMENTS | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | Exam Date: | | | | | | | | |
| 5 | Dispatcher: | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | Station A - Medical Pt Assess | | Station B - Spinal | | Station C - Splinting | | | |
| 8 | Room | | | | | | | | |
| 9 | Staff | | | | | | | | |
| 10 | Phone | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | Room | | | | | | | | |
| 13 | Staff | | | | | | | | |
| 14 | Phone | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | Room | | | | | | | | |
| 17 | Staff | | | | | | | | |
| 18 | Phone | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | Room | | | | | | | | |
| 21 | Staff | | | | | | | | |
| 22 | Phone | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | Station D - Trauma Pt Assess | | Station E - BVM / Combitube | | Station F - Cardiac AED | | | |
| 25 | Room | | | | | | | | |
| 26 | Staff | | | | | | | | |
| 27 | Phone | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | Room | | | | | | | | |
| 30 | Staff | | | | | | | | |
| 31 | Phone | | | | | | | | |

These sheets may be printed using your local printers. Please print Pass-Fail, Roster, Signature, Evaluators and Dispatch (if you are using dispatching) and have them available for the Examiner.

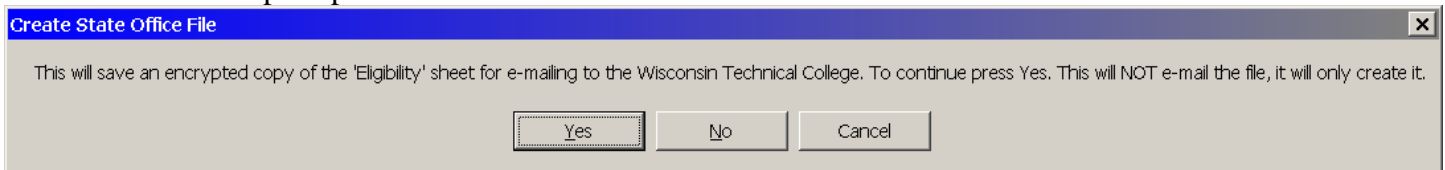
Be certain that the signature page has been signed prior to giving it to the Examiner.

Creating a System office copy of the Eligibility worksheet

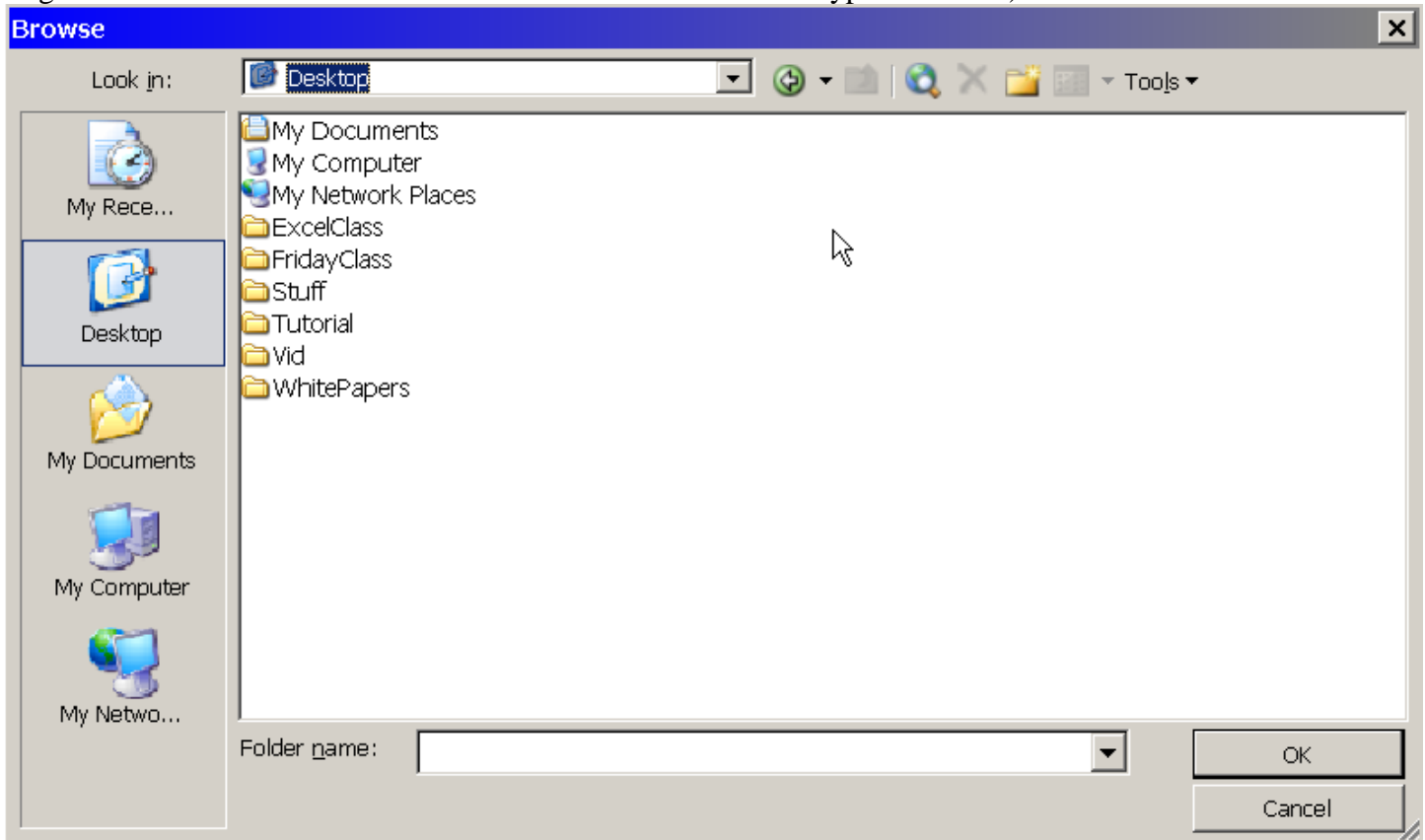
When you are ready to submit a copy of the “Eligibility” worksheet to the System Office, press the “Secure email” icon below the Smiley face.



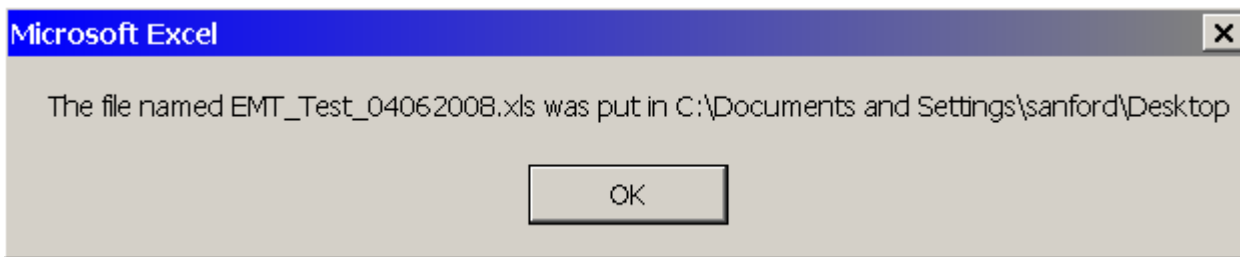
You should see this prompt:



Press “Yes” to create the copy, “No” or “Cancel” to cancel the process without creating the copy. Pressing “Yes” **DOES NOT** save the data in your workbook—you still need to do that—NOR does it send an e-mail—you still need to do that also. If you press “Yes”, you will be prompted to tell Excel where to save the System Office copy (default will be your “My Documents” – often it is easiest to accept the default location on the original save and then rename and/or move the file when the encryption is done):



I've navigated to my desktop. Press OK once you've selected a location:



Excel will tell you what the name of the file is (EMT_Test_[date]) and where it was put (where you selected to have it put). You are now ready to email the encrypted file to the System Office.

NOTE: If you have problems saving the file with your own file name, close the program and reopen and use the default location. When you are finished you can use Windows Explorer to move and/or rename the file.

Emailing the “Eligibility” worksheet

Open up your e-mail, address it to arleen.case@wtcsystem.edu with a description in the subject line describing the test, and attach the saved worksheet.

Is this secure?

You will not be able to open the workbook that you send to Arleen. It will be encrypted and only Arleen has the key. The workbook will only be about 25Kb in size and should pass through your email system okay. Some email systems will not allow them through, however, so you may have to zip the file before sending it. If you need help zipping a file, call Arleen.

If you are using Windows 2007 please see specialized instructions for this version.

Additional instructions for 2007 users.