

## Next Steps

### 1. REVIEW THE EXAM

- Written: Analyze the questions you did not answer correctly. Ensure you understand the reasoning behind the correct answers.
- Practical: Discuss performance with evaluators. Ensure you are aware of identified performance weaknesses and strengths.

### 2. DEVELOP A REMEDIATION PLAN FOR SUCCESS

- You must draft a plan on how to be successful in your next attempt. Since everyone has different weaknesses, strengths, and learning styles, this plan will be different for everyone. A guide is included on the back of this sheet to help you in this process.

### 3. SUBMIT REMEDIATION PLAN

- Once you have drafted your plan, submit it to the system office. This can be done in person or by email to [mcrabtree@mcleancountyems.org](mailto:mcrabtree@mcleancountyems.org). *This plan must be submitted PRIOR to the scheduled retake.*

### 4. COMPLETE THE PLAN

- Take the plan seriously and complete it with due diligence. Remember, the intention of the remediation plan is not to inconvenience you, but to increase your chances of success on the next challenge attempt as well as to help you become a more effective and efficient provider within the system.

### 5. RE-CHALLENGE THE EXAM

- Once you have completed the plan, challenge the exam again with confidence. If you have faithfully put forth the effort, you will pass the exam without difficulty and be better prepared to function within the system.

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## Timetable for retake opportunities:

- After 1<sup>st</sup> failure: Must wait at least two weeks after 1<sup>st</sup> attempt.
- After 2<sup>nd</sup> failure: Must wait at least three weeks after 2<sup>nd</sup> attempt.
- After 3<sup>rd</sup> failure: Must have Medical Director written approval for any subsequent attempts.

*Note to ILS/ALS Candidates: a \$75 fee must be paid prior to the 3<sup>rd</sup> testing attempt. 4<sup>th</sup> and subsequent attempts require a \$100 fee and the written approval of the MCAEMS System Medical Director. No eligibility is guaranteed for 4<sup>th</sup> or subsequent testing opportunities.*

## TEMPLATE FOR REMEDIATION PLAN

NAME:			
DATE:			
AREAS OF STRENGTH:			
AREAS OF WEAKNESS:	PROBLEM AREA	SOLUTION/STEPS TO BE TAKEN	RESOURCES NEEDED
ESTIMATED COMPLETION DATE			

Office use only:

Date Submitted: \_\_\_\_\_ Date Complete: \_\_\_\_\_