EXPERT FIELD MEDICAL BADGE HANDS-ON TESTING REBUTTAL SHEET

(For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)

Date:	Candidate Number:	Rank:

Name:

Task Being Rebutted:

Lane Task Was Tested On:

Evaluator's Rank and Name:

Reason For Rebuttal:

Candidate's Signature:

Note: The test board's decision is final. It may not be appealed to the EFMB TCO.

Test Board Remarks:

Test Board Decision (circle): Approved Disapproved

Date:

Test Board Chairperson's Signature:

Note: A separate rebuttal form will be completed for each task that is being rebutted by the candidate. Rebuttal form will be filed in the candidate's folder in the EFMB operations center.