

**EXPERT FIELD MEDICAL BADGE WRITTEN TEST EXAMINATION
REBUTTAL SHEET**

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

| | | |
|-------|-------------------|-------|
| Date: | Candidate Number: | Rank: |
|-------|-------------------|-------|

Name: _____

Written Test Question Number Being Rebutted: _____

Reason for Rebuttal:

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Candidate's Signature: _____

Test Board Remarks:

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| Test Board Decision (circle): | Approved | Disapproved |
|-------------------------------|----------|-------------|

Note: If disapproved by the test board, the candidate may appeal to the EFMB TCO. If the candidate wishes to appeal it to the EFMB TCO, they must be allowed to continue with testing until a decision is made. If approved by the test board, it may not be overturned, but forwarded to the EFMB TCO for a decision. The EFMB TCO will render a decision at that time. If the EFMB TCO is unable to be on site, the test board chairperson will contact them for a decision.

Date: _____

Test Board Chairperson's Signature: _____

| | | |
|-----------------------------|----------|-------------|
| EFMB TCO Decision (circle): | Approved | Disapproved |
|-----------------------------|----------|-------------|

EFMB TCO Signature: _____

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