**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)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Candidate Number:</th>
<th>Rank:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Test Board Decision (circle):</th>
<th>Approved</th>
<th>Disapproved</th>
</tr>
</thead>
</table>

**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.*