

DMERT Level 3a Candidate Requirement Checklist



The DMERT Level 3 Auditor (DL3a) program is designed for experienced technicians to have the ability, under the supervision of DMERT Group, to audit examinations for individuals needing to complete either DMERT Level 1 or DMERT Level 2 Certification (Competency/Hands-on) Exams.

Candidate Name _____

I intend to qualify for DMERT Level 3a Certification by meeting the following requirements.

(Please check items as confirmation the above-named candidate meets this qualification and documentation is included.)

DOCUMENTED REQUIREMENT	COMPLETED
DMERT Group Level 2 Certification	
4,000 hours of documented rehab industry repair technician work experience (within prior 3 years) <i>(Must be unique from those submitted for DMERT Level 1 or DMERT Level 2.)</i>	
20 hours of documented rehab technical education in the form of CECs or CEUs from approved course(s) (within prior 2 years) <i>(Must be unique from those submitted for DMERT Level 1 or DMERT Level 2)</i>	
DMERT Level 3 Auditing Program Complete an exam station set up and review with DMERT Level 3c. Complete an exam simulation with a DMERT Level 1 or higher certified technician as the candidate. Complete a true examination with a candidate technician, livestreaming the event for viewing and assurance by a DMERT Level 3c to ensure the exam is completed correctly.	

DMERT Office Use Only

Executive Director (Print)

Executive Director (Signature)

Date

Submit completed Candidate Requirement Checklist form to: info@dmertgroup.com



DMERT Level 3a Rehab Industry Repair Technician Work Experience

The following record of Rehab Industry Repair Technician Work Experience is being submitted for review as qualification to for DMERT Level 3a Certification.

These hours of work experience must be within the prior 3 years and unique from those submitted for DMERT Level 1 or DMERT Level 2.

Candidate Information

Name

Cell Phone Number

Email Address

Position

4,000 Hours

Other _____ Hours
(use if multiple employers)

Submitted Work

Experience Start Date

Submitted Work Experience

End Date

Position Duties

Employer Information

Company Name

Manager Name (PRINT)

Company Contact Email / Phone

Manager Signature

Date

Submit completed Rehab Industry Work Experience form to: info@dmertgroup.com

