

Registration for Emergency Medical Technicians' Exam Test Scheduling Request

Please Print

Name _____
First Name MI Last Name

Address _____
Street APT. #

City State Zip Code

☐ Address Change

Exam Level: ☐ CFR ☐ EMT ☐ A-EMT ☐ Critical Care ☐ Paramedic ☐ Instructor Score (mark level)

Student ID #: _____ (Course Number) _____ (EMT Number) _____ (Get from your instructor or exam ticket)

Date of Birth: _____
Month Day Year

Student's Phone Number: (_____) _____
Daytime Number

Selected Test Date: _____
Month Day Year

Time: 7:00 p.m. My Original Test Date: _____
Month Day Year

BEMS USE ONLY:

Scheduled for: _____ Site #: _____

Please Choose Between One of the Following Test Sites

☐ Regional Test Site (RTS) Location: _____ (Refer to RTS list attached. Select a site and indicate site number here).

► It will take between 4-6 weeks to get your test score in the mail.

► There is no charge.

► Students who have received prior approval for an ADA accommodation may be tested at a Regional Test Site. Please make sure that you notify us that you have already requested an accommodation.

– OR –

☐ On-Site Scoring Test Site Location: (Not available for CFR Level)

Please refer to the OSS list.

Select the site you wish to register for and place the number of that site in the box to the right.

OSS Number

► There is a **fee of \$20.00 payable to Pro Exam** in the form of money order or certified check. No cash, credit cards or personal checks will be accepted. Payment is to be made at the examination site.

► There is **NO** on-site scoring examination available for CFR Level.

► We are not able to test students requiring an ADA accommodation at on-site scoring locations.

Student's Signature: _____ Date: _____
Month Day Year

IMPORTANT!

► Requests for test scheduling are due to the Bureau of Emergency Medical Services no later than eight weeks before the scheduled examination date. See attached schedule for dates and available locations. There is limited seating at these locations and registrations are taken on a "first come, first served" basis. Some locations fill up rapidly.

► Examination registration notices will be mailed to you approximately **two weeks** prior to the test date.

Please mail this completed form to:

OR

Fax to:

New York State Department of Health
Bureau of Emergency Medical Services
875 Central Ave
Albany, NY 12206-1388
Attn: Certification Unit

(518) 402-0985
Attn: Certification