

Registration For Emergency Medical Service Exam Test Scheduling Request

PLEASE PRINT

BEMS USE ONLY:

Name _____
First Name MI Last Name

Address _____
Street Apt. #
City State Zip

Scheduled for: _____ Site #: _____

Exam Level CFR EMT Basic EMT Intermediate EMT Critical Care EMT Paramedic

Additional Information Address Change Name Change Instructor Score

Student ID # _____ - _____ - _____ (Get from your instructor or test ticket)
(Course Number) (EMT Number)

Date of Birth _____ / _____ / _____ Student's Phone # (_____) - _____
Mo. Day Year (Daytime Number)

Selected Test Date _____ / _____ / _____ Time: 7:00 p.m. My Original Test Date _____ / _____ / _____
Mo. Day Year Mo. Day Year

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 here) _____

- ALL EMT Levels are tested. 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 see attached schedule for available locations.)
(Place an (X) in the appropriate box) Albany 62 NYC 64 Rochester 65 Douglaston 66

- There is a **fee of \$20.00 payable to PES Examination Services** in the form of **money order or certified check. No cash 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 _____

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: New York State Department of Health **OR** Fax to: (518) 402-0985
Bureau of Emergency Medical Services Attn: Certification Unit
433 River Street- Suite 303
Troy, NY 12180-2299
Attn: Certification