

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services & Trauma Systems

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 Email Address _____

BEMS USE ONLY:

Scheduled for: _____ Site #: _____

Exam Level: CFR EMT A-EMT Critical Care Paramedic Instructor CIC CLI

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

Date of Birth: ____/____/____ Student's Phone Number: (____) ____-____
Month Day Year Daytime Number

Selected Test Date: ____/____/____ Time: 7:00 p.m. My Original Test Date: ____/____/____
Month Day Year Month Day Year

Please Choose Between One of the Following Test Sites

- Regional Test Site (RTS) Location: _____ (Refer to RTS list on our web site. Select a site and indicate site number here).
- ▶ It will take approximately 4 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 PSI** 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. **If you do not receive your notice by 3 weeks before the exam date, please call our office immediately.**

Please mail this completed form to:
 New York State Department of Health
 Bureau of Emergency Medical Services
 875 Central Ave
 Albany, NY 12206-1388
 Attn: Certification Unit

OR

Fax to:
 (518) 402-0985
 Attn: Certification
Retain your fax transmittal confirmation

If you are registering for an exam and you have a failure letter from on-site scoring, you must include the letter with this form.