

PLEASE PRINT

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

PLEASE PRINT

REGISTRATION FOR NYS WRITTEN CERTIFICATION EXAMS
CLASS ON-SITE SCORING REQUEST

COURSE #: _____ COURSE LEVEL: _____ TEST DATE: _____

INSTRUCTOR'S NAME: _____ INSTRUCTOR'S EMAIL: _____

PHONE #: (_____) _____ ON-SITE SCORING LOCATION REQUESTED: _____

STUDENTS ENROLLED IN COURSE: _____ # STUDENTS TESTING AT ON-SITE SCORING SITE: _____

Instructor Codes: (1 – Missed Sessions, 2 – Failed Practical, 3 – Withdrew, 4 – Failed Course, 5 – Testing at Course Location on DOH – 74)

Instructor Code

Student's Name <i>List all Students Enrolled</i>	EMT#	Daytime Phone #	Email Address	Student's Initials	Code if not testing at OSS
Last name, first name	123456	212-777-5555	ems@xyz.com	<i>JFP</i>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Note: There is a fee of \$20.00 payable to PSI in the form of a 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 offer accommodations under the ADA for candidates at on-site scoring locations. **Instructors MUST complete the heading of this form in its entirety.**

Please mail to: NYS DOH
Bureau of EMS
875 Central Avenue
Albany, NY 12206-1388
Attn: Certification/Testing Unit

OR

Fax to: NYSDOH EMS
(518) 402-0985
Attention: Certification/Testing Unit

-OVER-

Student's Name	EMT#	Daytime Phone #	Email Address	Student's Initials	Code if not testing at OSS
1. Last name, first name	123456	212-777-5555	ems@xyz.com	JFP	
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