



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**



EMERGENCY MEDICAL SERVICES CERTIFICATION EXAM APPLICATION

Instructions:

1. This form is to be used by all persons applying to take a First Responder-ECA or Emergency Medical Technician certification exam at all levels.
2. Read the information for certification examination candidates on page 5.
3. Page 2 requests information about your employment, non-EMS-related skills and emergency contact information that we could use in case of disaster or other event where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*
4. **PLEASE PRINT** all requested information on the upper half of page three.
 - Vermont EMS Number and Expiration Date, if applicable
 - The last four digits of your Social Security Number
 - Name, Address and Telephone Numbers (Home, Work and Cell)
 - Email Addresses
 - Service Affiliations 1 through 4 – list your primary service affiliation on line one, and any secondary affiliations on lines 2, 3 and 4.

NOTE: You must have a service affiliation or show evidence of involvement in emergency medical treatment to be eligible for state certification. An applicant for an advanced exam must be affiliated with a service licensed at that advanced level by the EMS Office prior to completing this application.

 - Check the level of certification exam for which you are applying.
 - Check whether this is your initial certification, recertification or if you are taking the exam for course completion recognition only (First Responder-ECA level only)
 - Date of birth – You must be at least 15 year old to take the First Responder-ECA exam and 17 years of age to sit for the state EMT exam.
4. Page six is the signature page. Your primary service head must sign the middle section of the form. You must answer the six questions and sign the middle section. If you are completing a course for initial certification, your instructor must fill out and sign the bottom section.

THIS FORM MUST BE RECEIVED BY THE EMS OFFICE NO LATER THAN TWO (2) WEEKS PRIOR TO THE EXAM DATE LISTED BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY AFFECT ADMISSION TO THE REQUESTED EXAM.

Please fill in the location of the exam you are requesting

Exam Location

Exam Date

Request for Supplemental Information

The Vermont Emergency Medical Services system is part of a network of responders who may be called upon in times of disaster. If you wish to be a resource for such an event, please provide the information requested below. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

Name: _____ EMS #: _____

Employment or Skills

Please circle the category that best describes your employment and/or any additional skills you possess. After selecting a category, please indicate whether it is your principal employment or an additional skill. (*Please Note: Please select only one employment category. Please select all skill categories that apply.*)

None

| | | | |
|--------------------------|--------------------|----------------------|--------------------|
| Bus driver | (Employment/Skill) | Manufacturing | (Employment/Skill) |
| Carpenter/Architect | (Employment/Skill) | Mechanic | (Employment/Skill) |
| Clergy/Counseling | (Employment/Skill) | Media | (Employment/Skill) |
| Clerical | (Employment/Skill) | Medical | (Employment/Skill) |
| Computer programming | (Employment/Skill) | Medical Office Staff | (Employment/Skill) |
| Computer repair | (Employment/Skill) | Nurse | (Employment/Skill) |
| Construction/Contracting | (Employment/Skill) | Paralegal | (Employment/Skill) |
| Court reporter | (Employment/Skill) | Pharmacist | (Employment/Skill) |
| Dentist | (Employment/Skill) | Physician | (Employment/Skill) |
| Education | (Employment/Skill) | Plumber | (Employment/Skill) |
| Electrician | (Employment/Skill) | Public Relations | (Employment/Skill) |
| EMS | (Employment/Skill) | Sales | (Employment/Skill) |
| Engineering | (Employment/Skill) | Self-Employed | (Employment/Skill) |
| ER Technician | (Employment/Skill) | Services | (Employment/Skill) |
| Forklift Operator | (Employment/Skill) | Stenographer | (Employment/Skill) |
| Internet | (Employment/Skill) | Student | (Employment/Skill) |
| Judge | (Employment/Skill) | Transportation | (Employment/Skill) |
| Laborer | (Employment/Skill) | Truck Driver | (Employment/Skill) |
| Law Enforcement | (Employment/Skill) | Veterinarian | (Employment/Skill) |
| Lawyer | (Employment/Skill) | Warehouse Manager | (Employment/Skill) |
| Marketing | (Employment/Skill) | Other: _____ | (Employment/Skill) |

Next of Kin or Emergency Contact Information

| | <u>Primary</u> | <u>Secondary</u> |
|-----------------------|----------------|------------------|
| Full Name | _____ | _____ |
| Relationship | _____ | _____ |
| Address | _____ | _____ |
| City/State/Zip | _____ | _____ |
| Phone Number | _____ | _____ |
| Alt. Number | _____ | _____ |

CERTIFICATION EXAMINATION NOTIFICATION

FILL IN BELOW THE LOCATION WHERE YOU WISH TO TAKE THE EXAM:

Exam Location Exam Date

Type of exam you are requesting:

- FRECA FR to EMT Module # _____
- EMT-Basic EMT-Intermediate-90 EMT-Intermediate-03

- Initial Certification Recertification Course Completion Only

FILL IN NAME & ADDRESS BELOW:

- Your application has been approved. Bring this notice to the exam site and present it to the state exam proctor.
- Please bring your continuing education credits form to the exam.
- Your continuing education credits have been received by the EMS Office. Thank you!

EMS Staff: _____

INFORMATION FOR CANDIDATES ON BASIC AND ADVANCED EMT EXAMINATIONS

The purpose of certification exams is to determine whether candidates have the knowledge and skills which are expected at particular levels of training. It is important that you understand certain things in order to get a fair exam.

1. The local Exam Coordinator has set up the location of the exam, scheduled the date and time and selected the practical examiners.
2. A representative of the Health Department is present to ensure that the exam is conducted properly. **If you feel you have been treated unfairly, it is essential that you speak with the state representative before you leave the testing session.**
3. If you are taking an exam for initial certification, you must have a certification card in hand before you are considered certified. Because of this, the EMS Office makes a special effort to get cards to initial certs as soon as possible.
4. In order to be certified as an EMS provider, you must show appropriate involvement in emergency care (e.g., be affiliated with a licensed ambulance or first responder service).
5. In order to be certified at an advanced level, you must be affiliated with a service licensed at or above that level and be currently certified as a Vermont EMT-Basic.
6. If you do not feel up to taking an exam because of physical illness or some other reason, it is in your best interest to take the exam at another place and time.

Exam results will be mailed to you within four weeks. Certification cards will follow later. If you need to retest, contact the EMS Office or your exam coordinator to find an exam location.

Practical examinations are simulations that cannot be as realistic as field situations, but you should take them seriously in order to do well. The stations have time limits, but you do not need to finish everything at a station to pass.

Retesting: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) practical stations and/or the cognitive exam at another testing session. You should make sure to find out where your difficulties were before you retest. You have twelve months to complete the exam. If some extenuating circumstances prevent you from doing so, write the EMS Office with a description of the difficulties and ask for an extension.

Summary: Your exam should be fair and impartial. You have the responsibility to take the exam seriously and to notify the state representative immediately of any problems. If you fail any part of the exam, you may retest that part two more times. You have the responsibility to find out what the problem was before you test again.

If you need any special accommodations in order to take the state written and/or practical certification exam, notify the EMS Office in writing with this application.

Notification: You will be notified in writing of admittance or non-admittance to the exam. If you have not been admitted to the requested exam, you will be provided with a list of alternate exam sites from which to choose. **Remember to write your name and address on page four, the notification page.**

