

Request for Independent EMS Examination Site Approval

Exam Logistics

Date _____ Time _____ Course # _____

Location (Physical Address/Building Name, etc.): _____

On-site Physician (for Advanced level exam sites only): _____ MD DO

Independent psychomotor exam sites must accommodate a minimum of 20 candidates. How many candidates will this test site accommodate at each level?

EMR _____ EMT _____ AEMT _____ Paramedic _____

On-Site Exam Coordinator

The exam site coordinator is responsible for ensuring adequate testing facilities, equipment and personnel for the number of candidates testing at this exam site, as described in the **Vermont EMS Examination Coordinator Guide**

Name: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

I have read the Vermont EMS Examination Coordinator Guide, and I agree to conduct this examination in accordance with the laws, rules and policies of the Vermont Department of Health and the National Registry of EMTs.

Exam Coordinator Signature: _____ Date: _____

Your name and contact information will be posted on the VTEMS website's Exam Schedule. Which of the following is your preferred contact method for website inquiries: Phone Email

District Approval

EMS District # _____ requests that the Vermont Department of Health sanction the examination described above. **The District Board understands that this exam site may be cancelled if fewer than 20 candidates are registered 2 weeks prior to the exam date.**

Chairperson Signature _____ Date _____

OR
Training Coord. Signature _____ Date _____

BELOW IS FOR OFFICE USE ONLY

Exam Rep: _____ NREMT Approval Number: _____

This exam site has been approved:

VTEMS Signature _____ Date: _____