

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



EXAMINATION APPLICATION

EMERGENCY MEDICAL RESPONDER (EMR) OR EMERGENCY MEDICAL TECHNICIAN (EMT)

This form is to be used by all persons applying to test for Vermont licensure and/or National certification at the Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) level. To be eligible for Vermont licensure, you must have an affiliation with a Vermont-licensed EMS agency or medical facility that requires you to hold this level of Vermont EMS licensure.

Page 3 – Applicant Information

Please fill in your name, address, other contact information, your EMS agency affiliations and which level of exam you are applying to take. If you are not affiliated with a Vermont-licensed EMS agency and are taking this exam for National certification only, please check the National Certification Only box. <u>PLEASE NOTE:</u> A current email address is required for access to free online continuing education.

Page 4 – Signature Page

Please answer the seven questions, print your name and then sign the application. If you have any questions about how to answer these questions, contact the EMS Office. If you are affiliated with a Vermont-licensed EMS agency, your Head of Service must sign the application attesting to your affiliation with that service. Your course coordinator must also sign the application attesting that you successfully completed an approved EMR or EMT course.

Page 5 – Certification Examination Notification

This confirmation is your ticket to the exam site. Write in the location and date of your top four (4) exam site choices for the psychomotor exam. Be sure to carefully print or type your name and address to ensure this confirmation reaches you.

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 and date of your top 3 exam site choices:
1st Location: _	Date:
2 nd Location:	Date:
3 rd Location: _	Date:

INFORMATION FOR CANDIDATES ON BASIC AND ADVANCED EMT EXAMINATIONS

The purpose of certification and license examinations 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. You must have a Vermont EMS license card in hand before you are considered licensed.
- 4. In order to be licensed 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 licensed at an advanced level, you must be affiliated with a service licensed at or above that level.
- 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.

<u>Psychomotor examination results</u> will be mailed to you within four weeks. If you need to retest, you will receive written information with your results about how to register for a future exam site. The exam schedule is posted on the Vermont EMS website: www.vermontems.org.

<u>Psychomotor examinations</u> 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.

<u>Retesting</u>: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) psychomotor stations and/or the cognitive exam at another testing session.

<u>Summary</u>: 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.

If you need any special accommodations in order to take this exam, go to the General Policies section of the National Registry of EMTs website at www.nremt.org to learn about their accommodations policies.

<u>Notification</u>: 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 the notification page.**

PLEASE PRINT PLEASE PRINT **APPLICANT INFORMATION** X X X - X X -**Expiration Date** (Last 4 digits of SSN) Vermont EMS # Last Name First Name Middle Name Town/City Address State ZIP Home Phone Work Phone Sex Date of Birth Cell Phone Email Address(es) – Required for FREE online education access Additional Service Affiliation Primary Service Affiliation Additional Service Affiliation Additional Service Affiliation Prior First Names: _____ Prior Last Names: _____ Birth City: Birth Country **EXAM(S):** □ EMERGENCY MEDICAL RESPONDER (EMR) □ EMERGENCY MEDICAL TECHNICIAN (EMT) APPLYING FOR: □ NATIONAL CERT AND VT LICENSURE □ NATIONAL CERTIFICATION ONLY ****** DO NOT WRITE BELOW THIS LINE ****** EMS OFFICE USE ONLY ********* **Psychomotor Exam** Exam Date Exam Date Exam Date **Cognitive Exam** Station Attempt Attempt Attempt #1 #2 #3 F P F P F P F Trauma Assessment P F P F P F P F Medical Assessment Cardiac Arrest P F F P P F F Management F F P P F **BVM** Ventilation F O2 Administration by Р F Р F P F P F NRB Bleeding Control & F F F P F Shock Management Long Bone Comments: P F P F F Immobilization P F P F P F Joint Immobilization

 Verifications: (initials and date of individual completing task)

 Signatures:
 Date:
 NREMT:
 Date:
 VCIC:
 Date:

 Adult Reg:
 Date:
 Child Reg:
 Date:
 Mail:
 Date:

 QC:
 Date:
 LMS:
 Date:
 LServ:
 Date:

SIGNATURE PAGE

CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

YES	NO	{EMS Rule 14.1.5.1}	rugs or have you only recently stopped illegally usi	
YES	NO	criminal proceeding? {EMS Rules the VT EMS Office? YES NO	crime(s) (misdemeanor or felony), or are you presonant Sec. 14} If yes, have you previously disclosed you	ar crime conviction(s) to
YES	NO	that you have held in Vermont or e	ed, been denied or had an action taken against any pelsewhere? {EMS Rule 14.1.5.7}	
NO	YES	with a plan to pay any and all child	shild support or in good standing with respect to or a support ?{15 V.S.A. Section 795}	-
NO	YES	{32 V.S.A. Section 3113}	pect to or in full compliance with a plan to pay any	
NO	YES	respect to or in full compliance with {21 V.S.A. Section 1378}	nnemployment compensation contributions or in gooth a plan to pay any and all unemployment compen	sation contributions?
NO	YES		ermont Department of Health of any information of ed against you and contained in the Vermont Adult istry? {EMS Rule 14.1.5.6}	
deemed revocat	d by the C tion or der	ommissioner of Health to be in violat nial. I further attest that I have read an	ation is true and accurate. Any intentional misrepresion of Vermont law, and may subject my license to ad understand all information regarding licensure cover me of any duty described in the Department-approximation.	conditions, suspension, ontained in this
	ant's Na	me (PRINT)	Today's Date:	
Applic	ant Sign	ature	Your Birth Date:	
affiliat	ted with t		cation for Vermont EMS licensure I attest that am signing after the applicant has completed questions.	
Name of Vermont Licensed Service			Head of Service (Please print)	Service #
The o		of Service Signature on authorized to sign as Head o	Date f Service is the person listed on the service's	s license application
		OORDINATOR: I attest that ourse and further attest that it is fa	this applicant has successfully completed an actual and correct.	approved
Course	e Numbe	r		
Course	e Coordin	nator Signature	Date	

CERTIFICATION EXAMINATION NOTIFICATION

FILL IN BELOW YOUR TOP THREE (3) EXAM SITE LOCATION CHOICES:

2 nd Location:	Date:
3 rd Location:	Date:
Level of exam you are requesting	g:
☐ EMERGENCY ME	EDICAL RESPONDER (EMR)
☐ EMERGENCY ME	EDICAL TECHNICIAN (EMT)
FILL IN NAME & ADDRESS	BELOW:
	Your Name
	Your Name PO Box / Street Address
	PO Box / Street Address
	PO Box / Street Address
	PO Box / Street Address