



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. PLEASE NOTE: 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:

1<sup>st</sup> Location: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Location: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> 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.

Psychomotor examination results 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](http://www.vermontems.org).

Psychomotor 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) psychomotor stations and/or the cognitive exam at another testing session.

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.

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](http://www.nremt.org) to learn about their accommodations policies.

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 the notification page.**

PLEASE PRINT

APPLICANT INFORMATION

PLEASE PRINT

Vermont EMS # \_\_\_\_\_ Expiration Date \_\_\_\_\_ XXX - XX - \_\_\_\_\_  
 (Last 4 digits of SSN)

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Address Town/City State ZIP

( ) - ( ) - \_\_\_\_\_  
 Home Phone Work Phone Sex Date of Birth

( ) - \_\_\_\_\_  
 Cell Phone Email Address(es) – Required for FREE online education access

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Primary Service Affiliation Additional Service Affiliation

3) \_\_\_\_\_ 4) \_\_\_\_\_  
 Additional Service Affiliation Additional Service Affiliation

Prior First Names: \_\_\_\_\_ Prior Last Names: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ 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 Station	Exam Attempt #1		Exam Attempt #2		Exam Attempt #3		Cognitive Exam	
	P	F	P	F	P	F	P	F
Trauma Assessment	P	F	P	F	P	F	P	F
Medical Assessment	P	F	P	F	P	F	P	F
Cardiac Arrest Management	P	F	P	F	P	F	P	F
BVM Ventilation	P	F	P	F	P	F	P	F
O2 Administration by NRB	P	F	P	F	P	F	P	F
Bleeding Control & Shock Management	P	F	P	F	P	F	P	F
Long Bone Immobilization	P	F	P	F	P	F	Comments:	
Joint Immobilization	P	F	P	F	P	F		

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: \_\_\_\_\_



## **CERTIFICATION EXAMINATION NOTIFICATION**

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

**1<sup>st</sup> Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup> Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3<sup>rd</sup> Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Level of exam you are requesting:

EMERGENCY MEDICAL RESPONDER (EMR)

EMERGENCY MEDICAL TECHNICIAN (EMT)

**FILL IN NAME & ADDRESS BELOW:**


Your Name

PO Box / Street Address

Town/City, State, Zip Code

Your application has been approved. Bring this notice to the exam site and present it to the state exam proctor.