### 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?**

<table>
<thead>
<tr>
<th>Level</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
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<tbody>
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#### On-Site Exam Coordinator
- **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:  
- [x] 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**: ____________

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**BELOW IS FOR OFFICE USE ONLY**

**Exam Rep:** ________________________________  **NREMT Approval Number**: ________________________________

**This exam site has been approved:**

**VTEMS Signature** ___________________________________________  **Date**: ____________

Independent Exam Request Form - July 2013