



Oregon

Theodore R. Kulongoski., Governor

Department of Human Services

Health Services

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70310 70421 2205

APPLICATION FOR EMT RE-EXAMINATION

(NAME)

(Mailing Address)

(City)

(State)

(Zip Code)

Home Phone _____ Work Phone _____

Is this a new address? () yes () no E-mail Address: _____

I wish to pursue EMT certification. Enclosed is my check made payable to 'DHS/EMS' .

LEVEL

PRACTICAL ONLY

EMT Basic _____ \$30

EMT Basic candidates who fail the practical exam must first file the re-examination application and fee to DHS/EMS. For EMT practical exam scheduling, please contact your training institution. For EMT written exam scheduling, please refer to the National Registry of EMTs website at www.nremt.org

LEVEL

WRITTEN ONLY

PRACTICAL ONLY

BOTH

EMT-I _____ \$50 _____ \$50 _____ \$50

EMT Intermediate candidates who fail the written and/or practical exam must first file the re-examination application and fee to DHS/EMS. Once you have sent your application and fee to the EMS office, you must contact your training institution to be scheduled for future written and practical exams.

Please return this form and appropriate non-refundable fee (three weeks prior to examination date) to DHS/EMS Business Services Section, PO Box 14260 Portland OR 97293-0260.

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