NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

REGISTRATION FOR EMERGENCY MEDICAL TECHNICIANS' EXAM
TEST SCHEDULING REQUEST

PLEASE PRINT

Name: _____
First Name MI Last Name

Street: _____**APT. #**_____

City: _____**State:** _____**Zip:** _____

☐ Address Change

BEMS USE ONLY:

Scheduled for:_____Site #:_____

Exam Level: ☐ CFR ☐ EMT Basic ☐ EMT Intermediate ☐ EMT Critical Care ☐ EMT Paramedic

Student ID #: ___ ___ ___ ___ ___ ___ - ___ - ___ ___ ___ ___ ___ ___ (Get from your instructor or test ticket)
(Course Number) (EMT Number)

Date of Birth: _____ / _____ / _____
Mo. Day Year

Student's Phone #: (_____) _____-_____
(Daytime Number)

Selected Test Date : _____/_____/_____ Time: 7:00 p.m.

My Original Test Date : _____/_____/_____

PLEASE CHOOSE BETWEEN ONE OF THE FOLLOWING TEST SITES:

☐ **Regional Test Site (RTS) Location:_____** (Refer to RTS list attached. Select a site and indicate site # here).

- ➔ ALL EMT Levels are tested. It will take between 4-6 weeks to get your test score in the mail.
- ➔ There is no charge.
- ➔ Students who have received prior approval for an ADA accommodation may be tested at a Regional Test Site. Please make sure that you notify us that you have already requested an accommodation.

-OR-

☐ **On-Site Scoring Test Site Location:**
(Place an (X) in the appropriate box)
Please see attached schedule for available locations.

	Albany 62		NYC 64		Rochester 65

- ➔ There is **a fee of $35.00 payable to PES Examination Services** in the form of **money order or certified check**. **No cash or personal checks will be accepted**. Payment is to be made at the examination site.
- ➔ There is **NO** on-site scoring examination available for CFR Level.
- ➔ We are not able to test students requiring an ADA accommodation at on-site scoring locations.

Student's Signature: _____ Date:_____

IMPORTANT!

- ➔ Requests for test scheduling are due to the Bureau of Emergency Medical Services no later than six weeks before the scheduled examination date. See attached schedule for dates and available locations. There is limited seating at these locations and registrations are taken on a "first come, first served" basis. Some locations fill up rapidly.
- ➔ Examination registration notices will be mailed to you approximately two weeks prior to the test date.

Please mail this completed form to:

New York State Department of Health
Bureau of Emergency Medical Services
433 River Street- Suite 303
Troy, NY 12180-2299
Attn: Certification Unit

OR

Fax to: (518) 402-0985
Attn : Certification