# State of New Hampshire
## Department of Safety
### Division of Fire Standards and Training & Emergency Medical Services

# BLS PRACTICAL EXAMINATION EVALUATOR APPLICATION

## INITIAL

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone: (Home) _____ (Work) _____

D. O. B.: _____ SS #: _____

Service Affiliation(s): _____

NREMT#: _____ Expiration: _____

Other EMT#: _____ State: _____ Expiration: _____

What Region(s) would you be willing to evaluate in? ☐ I (Western) ☐ II (Southern) ☐ III (Seacoast) ☐ IV (Central) ☐ V (Northern)

BLS Practical Examination Evaluator Training & Education Program:

Date Completed: _____ Site: _____

Have you previously applied to be a BLS Evaluator? _____ If yes, Region: Date: _____

Note: Copies of current EMT and PEETE completion certificate(s) are required with application.

*"I verify that the above information is true and accurate to the best of my knowledge. Any falsification will result in rejection or dismissal from the BLS evaluator list."*

Signed: _____ Date: _____

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*SUBMIT APPLICATIONS TO:* *EMS Education Section – PEETE*
*NH Bureau of EMS ▪ 33 Hazen Drive ▪ Concord, NH 03305*

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Bureau Use Only

Region: I II III IV V _____ Verified - Minimum one year EMT-B, I or P

BUREAU REVIEW DATE: _____ ACCEPT DENY

_____ Falsification of credentials or other documentation

_____ Failure to meet minimum requirements

Signature: _____

Print name: _____