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

BLS PRACTICAL EXAMINATION EVALUATOR APPLICATION

RENEWAL

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)

Note: Copies of current EMT certification is required with renewal 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 evaluator list."

Signed: _____ Date: _____

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

For Bureau Use Only

Region: I II III IV V

BUREAU REVIEW DATE: _____ ACCEPT DENY

_____ Falsification of credentials or other documentation

_____ Failure to meet minimum requirements

Signature: _____

Print Name: _____