

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

REQUEST FOR EXAMINATION

Please note that all exams are subject to New Hampshire Bureau of Emergency Medical Services approval.

Bureau of EMS Course No.: _____ Region: _____

NH I/C: _____ Daytime Telephone: _____

Contact Person: _____ Daytime Telephone: _____

Practical Examination date/time requested (list three [3] choices):

1st _____ beginning at _____

2nd _____ beginning at _____

3rd _____ beginning at _____

Location: _____ Facility: _____

Type of Exam: _____ EMR _____ EMT No. of Students: _____

Can you take outside students Yes No Max. No.: _____ Cost: _____

This request is to be submitted to the Bureau Field Office 30 days prior to the exam date. All documentation of student eligibility must be provided a minimum of ten (10) days prior to the exam date.

FOR DIVISION USE ONLY

NH Bureau of EMS (Signature)

Date

Choice approved:

1st

2nd

3rd

Registration Closed

Date Closed: _____

C&E Schedule:

YES

NO