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)		
D. O. B.:	SS #(Last 4 digits):	
Service Affiliation(s):		
NREMT#:	Expiration:	
Other EMT#:	State: Expiration:	
What Region(s) would you be willing to evaluate	_ ` _ `	Southern) (Central)
BLS Practical Examination Evaluator Training	& Education Program:	
Date Completed:	Site:	
Have you previously applied to be a BLS Evalu	uator? If yes, Region:	Date:
Note: Copies of current EMT and PEETE com	pletion certificate(s) are required with a	application.
"I verify that the above information is true and a rejection or dismissal from the BLS evaluator is		Any falsification will result in
Signed:	Date:	
	- · - · - · - · - · - · - · - · - · - ·	Concord, NH 03305
	For Bureau Use Only	
Region: I II III IV BUREAU REVIEW DATE:		nimum two years NREMT, NRAEMT, NRA
Falsification of credentials or other doc		
Failure to meet minimum requirements		
	Down and FMO	

Bureau of EMS

Form P2 BLS PEETE_Initial Revised: 1/26/18

Date Approved: 9/04/07