TO: Program Administrators/Course Directors  
FROM: EMS & Trauma Systems Section  
SUBJECT: Instructions for Submitting Course Materials

ALL COURSE MATERIALS LISTED MUST BE RECEIVED IN OUR OFFICE BY:

EMT: 3 WEEKS PRIOR TO THE SCHEDULED EXAMS  
ADVANCED EMT: 4 WEEKS PRIOR TO THE SCHEDULED EXAMS  
EMT-INTERMEDIATE: 3 WEEKS PRIOR TO THE SCHEDULED EXAMS  
PARAMEDIC: EMS FILING DEADLINE

1. The Course Roster must include:
   a. Level of course  
   b. Location of course and address  
   c. Dates the course began and concluded  
   d. Course hours  
   e. Alphabetical listing of all students who successfully completed the entire EMT course.  
   f. Lead course director’s signature at the bottom of the roster indicating that the students have successfully completed the course.

2. The course director is to:
   a. Check each application to ensure that it is completed properly:
      □ EMT (EMS application)  
      □ Advanced EMT (EMS application)  
      □ EMT-Intermediate (EMS application)  
      □ Paramedic (EMS application)
b. Collect a money order or institutional check (made payable to: State of Oregon) for the appropriate application and examination fee for each student as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Fee</th>
<th>Fee with fingerprints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$110</td>
<td>$154.50</td>
</tr>
<tr>
<td>Advanced EM</td>
<td>$125</td>
<td>$169.50</td>
</tr>
<tr>
<td>EMT-Intermediate</td>
<td>$125</td>
<td>$169.50</td>
</tr>
<tr>
<td>Paramedic</td>
<td>$290</td>
<td>$334.50</td>
</tr>
</tbody>
</table>

3. See that all completed course materials are received:
   a. Course Roster
   b. Application(s) in alphabetical order, with check or money order paper clipped on the front upper right hand corner of the application. Each candidate will also need to attach with tape a colored passport photo (2x2 or 3x3).

4. Fingerprint card and fee of $44.50. If the candidate meets the requirement of fingerprinting, please submit this information with the candidate’s application for certification and testing to OHA/EMS.

5. Mail to: OHA, EMS & Trauma Systems
           PO Box 14450
           Portland OR 97293-0450

           UPS or hand deliver to: OHA, EMS & Trauma Systems
           800 NE Oregon Street, Suite 465
           Portland OR 97232

If you have any questions, please call our office at 971-673-0526.

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