

### APPLICATION FOR EMT RE-EXAMINATION

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(NAME)

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(Mailing Address)

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(City)

(State)

(Zip Code)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is this a new address? ( ) yes ( ) no E-mail Address: \_\_\_\_\_

I wish to pursue EMT certification. Enclosed is my check made payable to 'DHS/EMS' .  
Please indicate which exam(s) you are applying for:

|       |      |                                 | For use by the DHS/Finance Office |
|-------|------|---------------------------------|-----------------------------------|
| _____ | \$50 | EMT-Basic Practical Exam        | 207                               |
| _____ | \$60 | EMT-Intermediate Written Exam   | 206                               |
| _____ | \$75 | EMT-Intermediate Practical Exam | 209                               |
| _____ | \$95 | EMT-Paramedic Practical Exam    | 210                               |

**NOTE:** All EMT-Basic and EMT-Intermediate practical exams close **three weeks prior** to the scheduled exam. **If you are scheduling a retest exam, all arrangements will need to be coordinated through your training school's Program Director.** This needs to be finalized and submitted by the school hosting the exam. The exam list is posted on our website at: <http://www.oregon.gov/DHS/ph/ems/> .

**NOTE:** EMT-Paramedic practical exams close **four weeks prior** to the scheduled exam and scheduled through the Emergency Medical Services Office.

**Please return this form and appropriate non-refundable fee to DHS/EMS Business Services Section, PO Box 14260 Portland OR 97293-0260.**