



APPLICATION FOR RE-EXAMINATION

(NAME)

(Mailing Address)

(City)

(State)

(Zip Code)

Home Phone _____ Work Phone _____

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

Please indicate which exam(s) you are applying for:

			OHA/Finance Office Use
_____	\$55	EMT Practical Exam	207
_____	\$85	Advanced EMT Practical Exam	208
_____	\$85	EMT-Intermediate Practical Exam	209
_____	\$100	Paramedic Practical Exam	210

NOTE: All EMT 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://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems>

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

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