

TO: OHA/EMS & Trauma Systems

FROM: \_\_\_\_\_  
(Institution) (person making request)

We are requesting the following students be added to the practical examination:

**THIS LIST MUST BE SUBMITTED WITH THE EMT, EMT ADVANCED, EMT-INTERMEDIATE COURSE PAPERWORK 3 WEEKS PRIOR TO EXAMINATIONS**

Practical Exam Location:

Practical Exam Date: \_\_\_\_\_ Practical Exam Time: \_\_\_\_\_ a.m./p.m.

Applicant's Name:

	<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Candidate is currently licensed as EMR: Please indicate: Yes/No</u>	<b><u>PARAMEDIC Candidate Only:</u></b> <u>AAS Degree or higher requirement has been met. Course Director: please sign.</u>
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	<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Candidate is currently licensed as EMR: Please indicate: Yes/No</u>	<b><u>PARAMEDIC Candidate Only:</u></b> <u>AAS Degree or higher requirement has been met. Course Director: please sign.</u>
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I certify under penalty of perjury that the foregoing persons have completed all of the requirements for licensure as an emergency medical services provider at the level indicated on the first page of this document. I understand that if this certification is false, I may be subject to discipline for unprofessional conduct pursuant to OAR 333.265-0083 as well as such criminal penalties as may be provided for by law.

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Course Director's Name (print)

Course Director's Signature

Date