EMS TEST REQUEST APPLICATION

Last Name First Name Middle

Mailing Address

City State Zip Code

Social Security Number Date of Birth

Candidate For:

O EMS First Responder
O EMT-Basic
O EMT-Intermediate
O EMT-Paramedic
O EMD
O EMD Instructor

Test Site Requested (First Choice)

Test Site Requested (Second Choice)

Every attempt will be made to meet your request, but due to space limitations and class sizes, your requested date and site cannot be guaranteed. Spaces are filled in the order received. You will not be scheduled for a test site unless your test request packet is complete.

Submit complete packet (completed test request form, copy of course completion certificate, copy of healthcare provider CPR card & appropriate fee) to: NM EMS Bureau, Attn: Ute Fennicks, 1301 Siler Rd, Bldg F, Santa Fe, NM 87507.