Application for EMS Practical Testing

ALLIED CONSULTING & EDUCATION
3125 N 19TH STREET
BISMARCK, ND 58503-5307

This application is for testing on January 8, 2011 at the Law Enforcement Training Academy ONLY. Applications must be postmarked by DECEMBER 10, 2010 or will not be accepted.

Please complete this form with your PC and/or Print this form and complete by hand (please print) for postal mailing.

Name: _____ EMT Course Number: _____

Address: _____ ND EMS ID Number: _____

City, State Zip: _____ Email Address: _____

Primary Telephone Number: _____ Alternate Telephone Number: _____

Social Security Number (required for advanced level testing only): _____

Please Place an "X" in all Appropriate Boxes on the Form

Level of Examination

☐ **EMT-Basic** ☐ **EMT-Intermediate/85** ☐ **EMT-Paramedic**

☐ FULL INITIAL PRACTICAL EXAMINATION: Anytime all skills are needed

☐ FULL RE-TEST PRACTICAL EXAMINATION: Anytime all skills need re-testing

☐ PARTIAL RE-TEST PRACTICAL EXAMINATION: Anytime three or fewer stations are needed (Indicate stations needed below)

EMT-Basic Level Stations Retest Only

☐ Trauma Patient Assessment ☐ Cardiac Arrest / AED ☐ Spinal Immobilization

☐ Medical Patient Assessment ☐ BVM Apneic Patient ☐ Random Skill _____

EMT-I85 & Paramedic Stations Retest Only

☐ Trauma Pt Assessment ☐ Oral "A" ☐ Pediatric Intraosseous

☐ Multi Lumen Airway ☐ Oral "B" ☐ Static Cardiology

☐ Endotracheal Intubation ☐ IV Medications ☐ Dynamic Cardiology

☐ Pediatric Airway ☐ IV Therapy ☐ Random Skill _____

Please Indicate Items that are Enclosed with this form.

☐ Full Practical Fee of $25.00 Check or Money Order payable to the Allied Consulting - NON-REFUNDABLE
This fee is for initial (first time) tests only for students from ND Education Programs made possible through an EMS grant program by the ND Department of Health, Division of Emergency Medical Services & Trauma.

☐ Full Practical Fee of $175.00 Check or Money Order payable to the Allied Consulting - NON-REFUNDABLE
This fee is for complete re-tests

☐ Re-test individual Station Fee of $20.00 **per station** Check or Money Order payable to the Allied Consulting- NON-REFUNDABLE

Please return this form (and fees if you are paying by check or money order) to the Allied Consulting at the address indicated above.
All Applications and fees must be postmarked by DECEMBER 10, 2010. You will receive confirmation and scheduled time in approximately 7-10 days prior to the test site.