Division of Emergency Medical Services

REGISTRATION FORM FOR EMT-CARDIAC WRITTEN EXAMINATION

PLEASE PRINT

Date of Examination

Examination Site RI Department of Health - Cannon Building
Auditorium - Lower Level
3 Capitol Hill
Providence, RI 02908

Examination Time 9:00 A.M.

Name:
(Last) (First) (Middle)

Mailing Address:

City/State: Zip Code:

Dept./Service Affiliation: Home Phone:

Email:

Dept./Service affiliation information must be completed. Only one affiliation may be listed. Registration forms submitted without this information will not be accepted. If you are unaffiliated, please write "None".

Please return this in addition to the following, up to two weeks prior to examination date:

- ☐ Registration Form
- ☐ EMT License application
- ☐ Orotracheal/Endotracheal Intubation Application (if applicable)
- ☐ Initial written examination fee ($60.00) if applicable; or
- ☐ Retest written examination fee ($60.00) if applicable

  (Fees must be submitted in the form of a cashier's check or money order made payable to the General Treasurer, State of R.I. - Personal checks cannot be accepted

- ☐ Copy of a signed, current Healthcare Provider level CPR card,
- ☐ Copy of a RIDOH approved EMT-C Course/Refresher Completion certificate
- ☐ Copy of Orotracheal/Endotracheal Intubation Course Completion Certificate (if applicable)

Failure to complete this registration and submit copies of a current Healthcare Provider level CPR card and fees (if applicable) by the deadline date above will result in a denial of admission to the examination.

Please bring a picture identification card to the examination. Exam conformation and results will be sent via email.

Fees are non-refundable and non-transferable.

Mail registration materials and payment (if applicable) to:

RI Department of Health
Division of EMS
3 Capitol Hill
Providence, RI 02908