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A Request for Proposal (RFP) for

Bureau of Emergency Medical Services

RFP No. 15372

Development, Printing, Scoring and
Distribution of Examinations

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Permissible Subject Matter Contacts:Á

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health also identifies the following allowable contacts ç !Á
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For further information regarding these statutory provisions, see the Lobbying Statute summary in Section E, 10 of this solicitation

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1. Examination Development Requirements (F1)

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Technical Proposal Submission Requirement (F.1)

Bidder must describe how new forms will be developed and revised.
Bidder must describe how the examination will be developed using the
DOH “blue print” to ensure testing of a candidate’s EMS competency.
Bidders must detail how in each year of the contract and for each level of
examination, the contractor will provide new forms of the multiple-choice
written examinations in booklet form to be given to candidates for
certification at the various levels.

2. Item Bank and Exam Development (F.2)

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Technical Proposal Submission Requirement (F.3)

Bidder will describe annual administration of all levels of exams, scheduled twelve times throughout each year of the contract. The bidder shall describe how they will comply with examination requirements for the DOH examination schedule, provision of examinations beyond those posted on the published schedule and preparation and distribution of examination using the question bank.

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4. Examination Printing and Distribution (F.4)

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VENDOR shall provide a detailed description of the annual administration of all levels of exams, scheduled twelve times throughout each year of the contract. The bidder shall describe how they will comply with examination requirements for the DOH examination schedule, provision of examinations beyond those posted on the published schedule and preparation and distribution of examination using the question bank.

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The bidder shall provide a detailed description of the annual administration of all levels of exams, scheduled twelve times throughout each year of the contract. The bidder shall describe how they will comply with examination requirements for the DOH examination schedule, provision of examinations beyond those posted on the published schedule and preparation and distribution of examination using the question bank.

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Technical Proposal Submission Requirement (F.4)

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Bidder will describe its ability to supply to DOH a sufficient number of copies of appropriate approved exam booklets, answer sheets, shipping boxes, return mail supplies and all required supplies at least three (3) weeks prior to each exam date and comply with the requirements of this

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Technical Proposal Submission Requirement (F.6)

Bidder will describe how it will comply with all provisions of this section.

7. On-Site Testing Locations (F.7)

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Technical Proposal Submission Requirement (F.7)

Bidder will describe how it will comply with all provisions of this section. Specify the ability to provide on-site scoring and the plan to develop additional sites.

8. Quality Control (F.8)

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Technical Proposal Submission Requirement (F.8)

Bidder will describe in detail its quality control measures to ensure all work will be accurate and complete.

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9. Financial Proposal Requirements (F.9)

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Financial Proposal Submission Requirement (F.9)

Bidder must complete and submit Attachment 3—Financial Proposal Form.

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10. Transmittal Letter (F.10)

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Transmittal Letter Submission Requirement (F.10)

Bidder must complete Attachment 5—Transmittal Letter

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A Check List of Proposal Submission is provided as Attachment 4. Bidder is encouraged to use this form to ensure that parts of their proposal are included.

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FGÈÁ^ [àÁ Á à Ö Á ^ & Á • ~ | ÁÀá^! Á à Ö Á @ Á &] ^ Á -Á @ ÜÜÜÁ Á @ Á
à • á ç ! ^ • Ö Á -Á @ Á æ LÄ

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FI ÈÀáÀ ÁÉ ^ ÁÉ á ÁÉ | Á É Á ~ à { àÁ Á Á @ Á ! [] [• à Á & Á ^ Á LÄ

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q Áeé c@|ã^Á|^&d[] ÅÁ æ{ ^ } eÁE c@|ã æq } Á[| { • Áe^ Áeææ|ã^ÁeÁ@Á
UæeÁO[{ } d[||^|CÁ ^à~ÁeÁ , È·&ÈæeÈ^È·E] æE] à^eEe] È~ÁÁ
Ò[æÁæÁ|~ } ÅO|·&ÈæeÈ^È·Á[|Á à^Áç| | @ } ^Á æÁÍ Fì È | È €JÈÁ
ÔUÞVÜÖVUÜÁæ] [, |ã^·^·Ác@eÁÁ, ÅÁ[|cÁ^&~Á] æ{ ^ } cÁ } Áæ^ Á
q ç[Å·Áæ] àÞ|Áç|~ &@!·Á` à{ æ^ÁÁ} à^Ác@ÁO[] dæ&ãÁ[^·Á [c&[{] |Á
, Åc@eÁUæeÁO[{ } d[||^|CÁ|^&d[] ÅÁ æ{ ^ } cÁ | | &ã^|^·È^c&[] cÁ @|^Á
c@ÁO[{ { ã·q } ^Ác@eÁç|!^·| Áeé c@|ã^Á æ{ ^ } cÁ ^Á æq|^Á&@ & Áe Á^cÁ
-|c@æ[ç^È

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QÁæããæ } Á[Ác@Á|^&d[] ÅÁæ{ ^ } eÁE c@|ã æq } Á[| { ÈÁÜ` à·æç^Á
ç| | Á EÁ ~·cÁ^Á } Áq^Á Åc@ÁÜ~ÅÁÁ^Ác@ÁUæeÁO[{ } d[||^|ÈÜ|^æ Á
[^C&~ } ç*ÁU|^|æq } ·ÈCÁããæ } æq -| { æq } Áæ åÁ [| &ã^|^·Á|Á
^ } | | { ^ } c&æ Á^Áç|~ } àÁeÁç|E , È·&ÈæeÈ^È·E] æE

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Ö[{ | | ^ç^Á EÁ } |·Á ç|^|ãÁÁ` à{ æ^ÁÁ^Ác@Á|| | , q*Áæãã^·Á
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ÞYÜÁÜ~ÅÁÁ^Ác@ÁUæeÁO[{ } d[||^|Á
Ó|^æ Á ^C&~ } ç*ÁU|^|æq } ·Á
Y æ|æ çÁÁæ{ ^ } cO[] d[|ÁV] ÅÁ
FFeÁUæeÁUç^ÁÁ~Á[| |Á
Qèææ` È·YÁFEGHÁ Á

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Á Á Uæe{ ^ } cÁ Á^ &@q ç[Å·Áæ] àÞ|Áç|~ &@!·Á` Ác@ÁUæeÁQYÜÁÖ^] æç ^ } cÁ
[^Á^æç|ç|Á^Á æ^ÁÁ Áæ&|íãæ &Á Åc@Eç|^ÁYÖÈÁ^Ác@Á^, ÁY[| Á
UæeÁQæ æ&Áææ ÈUæe{ ^ } cÁ | { ·Á ÅÁÁÁ

Á

V@ÁÔUÞVÜÖVUÜÁ ~·cÁ` à{ æ^Áæ } q ç[Å·E] ~ &@!Á Åc@ÁEÁæ·Á^Ác@Á
åæeÁ^Áæ ^Áçæ Áæã{ qãçæq } ÈÁÁ

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JÈÁÁÁÁ^|{ Á ÁO[] dæ&Á

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Á Á V@Áe|^^{ ^ } cÁ c@|Á^Á~^&çÁ^Á [|] Å } | | çæÁ ^Ác@ÁÞYÜÁÜ~ÅÁÁ^Ác@Á
UæeÁO[{ } d[||^|È

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V@Áe|{ Á^Ác@Á| } dæ&Á^·|ç*ÁU|^|ç { Ác@Áe|^|^ { ^ } e| | | } ·æÁ ÅÁÁÁ|Á
~ÁÁ^ÁDÁæ·Á| | | ·^ÁÁÁÁ| { { ^ } &Á } Áç^Á ~ æ^ÁÈGFI Áæ åÁ } åq * Á
Ræ~ æ^ÁÈGFIÈÁÜ~|ÁÁc@Á & { à } cO[] dæç |ÁÁ^Á|^&cÁÈc@Áe| { Á
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^ , ÁO[] dæç |Á ÅÁ [cÁÁ^~ á^ÁÈ

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Á Á V@Áe|^|^ { ^ } cÁ æÁÁ^Áæ &|^ÁÁeÁæ^Áq ^ÁÁ^ÁÁc@ÁO^] æç ^ } cÁ ^Á^æç|ç|
* çq * ÁÁc@ÁO[] dæç |Á [cÁ^··Ác@Á^Ác@ÁÇÈDÁæ·Á |æ } Á [çÁc@eÁ } Á
[|Áeç|ÁææÁc@|^Á } ^ÁæãÁÁc@Áe|^|^ { ^ } cÁ c@|Á^Á^^ { ^ÁÁ } { q æ^ÁÁ
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U) &Áæ Áe æãÁc@ÁèÁ^ } Á æ^Áæãã!·Á æÁ^~·^·cÁÁ^à|ã q * Á Ác@ÁÁ
| | | } ·æÈÁÜ|^æ^Á [^Ác@ÁèÁ^à|ã q * Á ÅÁÁ^Áq æ^ÁÁ|] |ÁÁc@Áç| } ·c@Á
æ åÁ, ^æ } ^··^·Á | Ác@Áàæã!çÁ | | | } ·æÈÁæ åÁ ÅÁ [cÁq &|^Áæ~Á
ã&··q } Á Á c@Á | | | } ·æÈÁÜ|^·^·cÁ ~·cÁÁ^&~ÁÁÁ [Áeç|Ác@Áe } Á

FÌ ÈÀ Úǎ**àæ&ǎ*Á

Á

Þ^, ÄY[\ \ Ûcæ^Öǎ æ & Åsæ Á^&ǎ } ÁÍ HÇEÖDÖ^Áþ [Á
@d KÖ, È*ÉcæÈÈÈÈ·ÞI| & !^& ~ } &Þ*à*~ äñ|ǎ^Èe | Dæ||, ·Á@ÁÖ[{ { ã·ǎ } ^!Á
[Á@ÁÞYUÁU~ǎÁ ÁÖ^ } ^!æÁ^!çǎ·Á & } ·^ } öÁ Á@Á·^Á Á@Á& } dæðá^ Á@Á
Þ^, ÄY[\ \ Ûcæ^ÖE^ } &á·Èæ áÁ@Áæ@!á^áÁ~!&æ^!·È~ áb&Á& } áæ } ·Áæ áÁ
@ÁÖ[} dæ&|q& } ·^ } dÄ

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FJÈÁ ǎ [!æ Èæ áÁ [{ ^ } ÁU, } ^áÁÖ·ǎ^··ÁÖ } ç!| !á^·Á

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U]] [!ç } ä·Á!Á^, ÄY[\ \ Ûcæ^Ö^!çǎ áÁ ǎ [!æ Èæ áÁ [{ ^ } ÁU, } ^áÁÖ·ǎ^··Á
Ö } ç!| !á^·Áæ áÁÖ~ æÁÖ [] [^ { ^ } ÁU]] [!ç } ä·Á!Á ǎ [!æ ÁÖ [^] Á^ { à^!·Á
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ÞÖY ÄYUÜSÁUVÖE/ÖÁÇÖY Á

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Ú^!·~ æ öÁ Á^, ÄY[\ \ Ûcæ^Öc^& ç^Åsæ ÁEç^ÁÍ ÈÈ@Á^, ÄY[\ \ Ûcæ^Á
Ö^ } æç ^ } öÁ Á^æ@Á& * } ä·Á·Á à!á æ } Á!Á [{ [çÁ]] [!ç } ä·Á!Á
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^ } ç!| !á^·Áæ áÁ@Á [] [^ { ^ } öÁ Á ǎ [!æ Á [^] Á^ { à^!·Áæ áÁ [{ ^ } Á@Á
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Á

QÁÇEÍ È@ÁÜcæ^Á Á^, ÄY[\ \ & { { ã·ǎ } ^áÁæǎ] æç Áç á^ Á Áçæ æ Á @@Á
{ ǎ [!æ Èæ áÁ [{ ^ } È, } ^áÁ~·ǎ^··Á } ç!| !á^·Á@ÁÁ^!Áæ áÁæÁ]] [!ç } æ Á Á
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GEFEÄ } á^!Á@Á^ÁV@ÁÜcæ^Á Á ǎ [!æ Èæ áÁ [{ ^ } ÈU, } ^áÁÖ·ǎ^··Á
Ö } ç!| !á^·ÁÖçǎ^ } & Á [{ Á^, ÄY[\ \ ÁÖÖǎ] æç ÁÜç á^ ÈV@Á^] [!ç } áÁ
^çǎ^ } & Á Ácæç çǎ^ Á ä } äæ çǎ^ æ ä·Áç ^ } Á@Áç^!Á Á æçǎ æ } Á Á
{ ǎ [!æ Èæ áÁ [{ ^ } È, } ^áÁ~·ǎ^··Á } ç!| !á^·Á Ácæ^Á [& !^ { ^ } öÁ } dæç * Á
ç!·~·Á@Á^ { à^!Á Á ǎ [!æ Èæ áÁ [{ ^ } È, } ^áÁ~·ǎ^··Á } ç!| !á^·Á@Á^!Á
!æ È ǎ ǎ * Áæ áÁ^!Á Á æçǎ æ Á Ácæ^Á [& !^ { ^ } ·ÈÖE ÁÁ^~ | öÁ Á@·Á
ǎ áá *·È@ÁÖǎ] æç ÁÜç á^ Á æ^Á& { { ^ } áæ } ·Á& } & ! } ǎ * Á@Á] [^ { ^ } æ } Á
æ áÁ] ^!æ } Á Á@Ácæ, ä^Á^!çǎ áÁ ǎ [!æ Èæ áÁ [{ ^ } È, } ^áÁ~·ǎ^··Á
^ } ç!| !á^·Á! [*!æ ÈV@Á^& { { ^ } áæ } ·Á [{ Á@ÁÖǎ] æç ÁÜç á^ Á& [ǎ æ áÁ Á
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ÈÈ @Á^~ á·Èæ [] * Á@Á@ *·Èçç^Á, ÄY[\ \ Ûcæ^Ö^ } æç ^ } öÁ Á^æ@Á
^·æ|á @Á [æ Á!Á æ } { Áæ ä!Á æçǎ æ } Á Á^, ÄY[\ \ Ûcæ^Ö^!çǎ áÁ
{ ǎ [!æ Èæ áÁ [{ ^ } ÁÁ, } ^áÁ~·ǎ^··Á } ç!| !á^·ÁÖY ÖÖDǎ áÁ@Á [] [^ { ^ } ç
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& } dæð È

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^·æ|á @·Áæ Á ç!æ Á [æ Á ÁEÄ Á!Á Y ÖÖÁ æçǎ æ] ÈFEÄ Á!Á ǎ [!æ ÈU, } ^áÁ
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Ò) ɔ | i | iã^•Á% ÓÓ-DÍ æcãæ ææ } Áæ^•áÁ } Á@Á& !!^} Óææææææ Á-Á~ æããáÁT ÓÓ•Á
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á & { ^ } ó*[[áÁ-æcÁ~ | ÁÇ Á] | çã^Á(^æ} ã * ~ | Á] æcãæ ææ } Áã^ ÁT Y ÓÓ•Áæ Á
•~ à& } dææd | •Á | Á•]] |ã!•Áã Ác@Á] ^ | çã } & Á] - Ác@ÁÓ } dææcÁæ} áÁÓ [] dææd | Á
æ | ^• Ác@Á^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ æ Á æc@ | áÁ æ { ^ } ó] ^ } áã * Á
| ^ & á ó] - Ác@Á^~ áãáÁT Y ÓÓÁ [& { ^ } ææ } ÉÁV@Áãá&d | ^ Á] - ÁP^, ÁY [| \ ÁÚæ^Á
Ó! cããáÁT Y ÓÓ•Áæ} Áã^Áã, ^áÁæÁçd K, É•áÉ^É | çP, à^Éç | ÉÁ
ç | Á*~ ææ} & Á] } Áç, ÁP^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ, áÁÁá^ | ç } á^ÁæÁ
Ó [] dææd | ç Áçd [áÁæcÁ~ | ÉÁ^•!Á] Á ÁP^YÓÜÜÁFI GE ÉÁ

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Q Á&ç | iãæ} & Á æcÁ ÁP^YÓÜÜÁFI GEHEÓ [] dææd | Á&ç [| , |ã^•Ác@ÁÁÁÁ Á~ } áÁ Á
c@Á Á ç | \ Áæ} áÁ ç } ç } æ^ Áæ^ áÁ Á&ç [|] Á æc@ÁT Y ÓÓÁ æcãæ ææ } Á [æ^ Á^ó
ç | ç Ác@ÁÓ] dææcÁ~ & Áã} áã * Á&ç } •æ ç • Áæ^ÁæcÁ ÁÓ] dææcÁæ} áÁP^, ÁY [| \ Á
Úæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ æ Á æc@ | áÁ æ { ^ } ó] [Ác@ÁÓ] dææd | Áæ Áã~ ææ^áÁ
áæ æ^•ÉÁ

Á
Ú^ & Áã~ ææ^áÁæ æ^•Á c@ÁÁÁ&ç | æ^áÁæ Áæ Áæ [~ } ó^~ æã * Ác@Áã^!^ } & Á
à^ç ^^ | KFDæ | Á { •Á^ } cããáÁ | Á æ { ^ } ó] ÁT Y ÓÓ•Ác@ÁÁc@ÁÓ [] dææd | Á&ç ç^áá
c@Á&ç } dææc æT Y ÓÓÁ [æ^ Áæ} áÁçDæ | Á { •Á&c æ | Á ææ ÁT Y ÓÓ•Áç | Á] | \ Á
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Ó Á~ à { æã * ÁæãáÁ | Á [] [•æÉáæã^!Á } Ác@ÁÓ] dææcÁÇÓã^!+Dæ | ^•Áç Á~ à { æá
c@Á]] , á * Á&ç { ^ } c Áæ} áÁ ç | ç } ææ } Áæ Áçã^ } & Á Á&ç [|] ææ} & Á æc@Á
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Á
OÉÁ Óãá!•Áæ^Á~ áãáÁ Á~ à { æáT Y ÓÓÁVãæ ææ } Á] æ } Á] Áç [| ÁFÁ æcÁ
c@ÁÁæÁ | Á [] [•æÉÁç^ Á [áãæææ } •Á | Á&ç * ^•Áç Ác@ÁT Y ÓÓÁVãæ ææ } Á] æ } Á
æç | Ác@ÁÓ] dææcÁæ} áÁæ} áÁ } á * Ác@Á^ | Á-Ác@ÁÓ] dææcÁ~ •ó^Á^] | ç áÁ } Á
æ^Áç^áÁT Y ÓÓÁVãæ ææ } Á] æ } Áæ} áÁ~ à { æ^áÁ ÁP^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - Á
P^æcÁ

ÓÉÁ P^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ áÁÁçá, Ác@Á~ à { æ^áÁT Y ÓÓÁ
Vãæ ææ } Á] æ } Áæ} áÁæçá^Ác@ÁÓãá!Á ÁP^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ
æ&ç } çæ } & Á | Á~ ^ Áæ } çæ^ Á-áæ } & Á æcÁ ÁÉÁæ } Á-Á^&á dÁ

Á
OÉÁ Qáç [çæ^ Á-áæ } & Á Á~ ^áÉÓãá!Áæ | ^•Ác@ÁÁ c@ÁÁ^•] [] áÁ Ác@Á
] [çæ^ Á-áæ } & Á æcÁ Á^ç^ } Áç Dá ~ á^•Áæ } Á-Á^&á ó^ Á~ à { æã * Áç Ác@Á
ZÉÓPÖYÁçÉ OÉáá!••Á @ } ^ Áæ} áÁææ ç | ç } ææ } ÉÁÁ | æ^ } Á^ { ^á^ Á
|^•] [] •Áç Ác@Á [çæ^ Á-áæ } & ÉÁç@Á | æ^ } Á^ { ^á^ Ác@Á Á~ à { æ^áÁ Á [ó
ç | Á | Á^ Á~ } áÁ ÁP^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ Á^ Áæ} æ^ ÉÁ^, Á
Y [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ c@Á [ç^ Ác@ÁÓãá!Áæ} áÁá&Ác@ÁÓãá!Á Á
•~ à { æÉÁ æcÁ Áç^ Áç Dá ~ á^•Áæ } ÉÁÁ~ ^•ó] | Áæ} æcÁ Á | Áç çæ } Á^ Á
T Y ÓÓÁ æcãæ ææ } Á [æ } Á] Áç [| ÁGÉÁçá^ | Áç Áç^ Ác@Á ææ | Á] [| Á Áá
{ æ } | Á æ^ ÁÁ [~ } •Áç | Áã~ æãæææ } Á-Ác@ÁæÁ | Á [] [•æÉÁ

Á
ÖÉÁ^, ÁY [| \ ÁÚæ^ÁÓ^] æd ^ } ó] - ÁP^æcÁ æ Áã~ æã ÁæÓãá!Áæ Ááã * Á [] É

[-Á@Á&] dæ&Ä

□Á ÖÜÜÖÏÖÝ ÁÖÜÜæ åæåÁÔæ•^•ÁŸ | ÁÖÜÜ^, ÄŸ [\ ÁÜæ^ ÁÖ] dæ&Ö Á

□Á ÖÜÜÖÏÖÝ ÁÖÜÜ^~^•ÁŸ | ÁÜ [|] [•æÁ

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Á V@Áããâ!Á | [|] [•æÁÖÁ^ | ^ & ^ áÁŸ | Áææ åáÖÁ &Ÿ åã * Áæ ^ ÁÖãÁÖ [|] [•Áæ åÁæ | Á
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□Á ÖÜÜÖÏÖÝ ÁÖÜÜ^ } ^ | æÁÜ ^ ^ äãæææ } •Á

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**Attachment 1
Lobbying Form**

**NEW YORK STATE
DEPARTMENT OF HEALTH**

Lobbying Form

PROCUREMENT TITLE: _____ RFP # _____

Bidder Name:
Bidder Address:

Bidder Vendor ID #:
Bidder Federal ID#:

A. Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document*. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No Yes

If yes, please answer the next questions:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

2a. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No Yes

2b. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

(Add additional pages as necessary)

B. Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

Attachment 2

No Bid Form

NEW YORK STATE
DEPARTMENT OF HEALTH

NO-BID FORM

PROCUREMENT TITLE: _____ RFP # _____

Bidders choosing not to bid are requested to complete the portion of the form below:

We do not provide the requested services. Please remove our firm from your mailing list

We are unable to bid at this time because:

Please retain our firm on your mailing list.

(Firm Name)

(Officer Signature) _____
(Date)

(Officer Title) _____
(Telephone)

(e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.

Attachment 4

Checklist for Proposal Submission

Checklist for Proposal Submission (Attachment 4)

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FINANCIAL PROPOSAL REQUIREMENTS:

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Attachment 6

Vendor Responsibility Attestation

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section E, Administrative, 8. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

Attachment 8

Sample Standard NYS Contract Language and Appendices

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APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

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STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licensor, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6.a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issues under such centralized contract.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the

Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and

copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION. (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN. In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition,

replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the

Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the

responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES. In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbcertification@esd.ny.gov
<http://esd.ny.gov/MWBE/directorySearch.html>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any

such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

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APPENDIX D
GENERAL SPECIFICATIONS

- A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that all specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specifications, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.
- B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, e-mail, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.
- C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department, and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable, and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety shall be liable to the State of New York for any excess cost on account thereof.
- D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.
- E. The Department of Health will make no allowance or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.
- F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.
- G. The successful bidder will be required to complete the entire work or any part thereof as the case may be, to the satisfaction of the Department of Health in strict accordance with the specifications and pursuant to a contract therefore.
- H. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- I. Non-Collusive Bidding By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
 - a. The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;

- c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

- J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
- L. Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.
- M. Technology Purchases Notification --The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"
 1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.
 2. If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD

SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.

3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.

N. Date/Time Warranty

1. Definitions: For the purposes of this warranty, the following definitions apply:

"Product" shall include, without limitation: when solicited from a vendor in a State government entity's contracts, RFPs, IFBs, or mini-bids, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g., consulting, systems integration, code or data conversion or data entry, the term "Product" shall include resulting deliverables.

"Third Party Product" shall include product manufactured or developed by a corporate entity independent from the vendor and provided by the vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. "Third Party Product" does not include product where vendor is : (a) a corporate subsidiary or affiliate of the third party manufacturer/developer; and/or (b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

2. Date/Time Warranty Statement

Contractor warrants that Product(s) furnished pursuant to this Contract shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations. Where a Contractor proposes or an acquisition requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

Where Contractor is providing ongoing services, including but not limited to: i) consulting, integration, code or data conversion, ii) maintenance or support services, iii) data entry or processing, or iv) contract administration services (e.g., billing, invoicing, claim processing), Contractor warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due to the inaccuracy of Contractor's business operations in processing date/time data (including, but not limited to, calculating, comparing, and sequencing) various date/time transitions, including leap year calculations. Contractor shall be responsible for damages resulting from any delays, errors or untimely performance resulting therefrom, including but not limited to the failure or untimely performance of such services.

This Date/Time Warranty shall survive beyond termination or expiration of this contract through: a) ninety (90) days or b) the Contractor's or Product manufacturer/developer's stated date/time warranty term, whichever is longer. Nothing in this warranty statement shall be construed to limit any rights or remedies otherwise available under this Contract for breach of warranty.

- O. No Subcontracting Subcontracting by the contractor shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.

- P. Superintendence by Contractor The Contractor shall have a representative to provide supervision of the work which Contractor employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the Contractor.
- Q. Sufficiency of Personnel and Equipment If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department shall have the authority to require the Contractor to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.
- R. Experience Requirements The Contractor shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this contract and must show that it is currently performing similar services. The Contractor shall submit at least two references to substantiate these qualifications.
- S. Contract Amendments. This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The contractor shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

- T. Provisions Upon Default
1. In the event that the Contractor, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor
 2. If, in the judgment of the Department of Health, the Contractor acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.
- U. Upon termination of this agreement, the following shall occur:
1. Contractor shall make available to the State for examination all data, records and reports relating to this Contract; and
 2. Except as otherwise provided in the Contract, the liability of the State for payments to the Contractor and the liability of the Contractor for services hereunder shall cease.
- V. Conflicts If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the Contractor shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the

Department of Health will furnish the Contractor supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:
 - a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).
 - b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than \$500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than \$1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than \$500,000 for damages arising out of damage to or destruction or property during any single occurrence and not less than \$1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.
 - i. Contractor's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.
 - ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
 - iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

- X. Certification Regarding Debarment and Suspension Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended,

proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1. APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered Transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
- g. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of parties Excluded from Federal Procurement and Non-procurement Programs.
- h. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

- i. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
 - a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily exclude from participation in this transaction by any Federal department agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Y. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.
2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.
3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.

5. The CONTRACTOR, its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.

Z. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:
 - a. The NYS Department of Health, at the following address New York State Department of Health, Bureau of Contracts Room -2756, Corning Tower, Albany, NY 12237; and
 - b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting -or via fax at (518) 474-8030 or (518) 473-8808; and
 - c. The NYS Department of Civil Service, Albany NY 12239, ATTN: Consultant Reporting.

AA. Provisions Related to New York State Procurement Lobbying Law The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

BB. Provisions Related to New York State Information Security Breach and Notification Act CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors.

CC. Lead Guidelines All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.

DD. On-Going Responsibility

1. General Responsibility Language: The CONTRACTOR shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Commissioner of Health or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.
2. Suspension of Work (for Non-Responsibility) :The Commissioner of Health or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of Health or his or her designee issues a written notice authorizing a resumption of performance under the Contract.

3.Á Termination (for Non-Responsibility) : Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate Department of Health officials or staff, the Contract may be terminated by Commissioner of Health or his or her designee at the Contractor's expense where the Contractor is determined by the Commissioner of Health or his or her designee to be non-responsible. In such event, the Commissioner of Health or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

EE. Provisions Related to Iran Divestment Act As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list has been posted on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>.

By entering into this Contract, CONTRACTOR (or any assignee) certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list. Additionally, CONTRACTOR agrees that should it seek to renew or extend the Contract, it will be required to certify at the time the Contract is renewed or extended that it is not included on the prohibited entities list. CONTRACTOR also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the prohibited entities list before the New York State Department of Health may approve a request for Assignment of Contract. During the term of the Contract, should New York State Department of Health receive information that a person is in violation of the above referenced certification, New York State Department of Health will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then New York State Department of Health shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the CONTRACTOR in default.

New York State Department of Health reserves the right to reject any request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Appendix H

Health Insurance Portability and Accountability Act (HIPAA)

for CONTRACTOR that creates, receives, maintains or transmits individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program

- I. Definitions. For purposes of this Appendix G of this AGREEMENT:
 - A.Á “Business Associate” shall mean CONTRACTOR.
 - B.Á “Covered Program” shall mean the STATE.
 - C.Á Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and implementing regulations, including those at 45 CFR Parts 160 and 164.

- II. Obligations and Activities of Business Associate:
 - A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required By Law.
 - B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT and to comply with the security standards for the protection of electronic protected health information in 45 CFR Part 164, Subpart C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.
 - C. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:
 - 1.Á A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - 2.Á A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - 3.Á Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 - 4.Á A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
 - 5.Á Contact procedures for Covered Program to ask questions or learn additional information.
 - D. Business Associate agrees, in accordance with 45 CFR § 164.502(e)(1)(ii), to ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information

on behalf of the Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such information.

- E. Business Associate agrees to provide access, at the request of Covered Program, and in the time and manner designated by Covered Program, to Protected Health Information in a Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.
- F.Á Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.
- G.Á Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528; and Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.
- H.Á Business Associate agrees, to the extent the Business Associate is to carry out Covered Program's obligation under 45 CFR Part 164, Subpart E, to comply with the requirements of 45 CFR Part 164, Subpart E that apply to Covered Program in the performance of such obligation.
- I.Á Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program's compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.

III. Permitted Uses and Disclosures by Business Associate

- A.Á Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.
- B.Á Business Associate may use Protected Health Information for the proper management and administration of Business Associate.
- C.Á Business Associate may disclose Protected Health Information as Required By Law.

IV. Term and Termination

- A.Á This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.
- B.Á Termination for Cause. Upon Covered Program's knowledge of a material breach by

Business Associate, Covered Program may provide an opportunity for Business Associate to cure the breach and end the violation or may terminate this AGREEMENT if Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or Covered Program may immediately terminate this AGREEMENT if Business Associate has breached a material term of this AGREEMENT and cure is not possible.

C.Á Effect of Termination.

1. Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

V. Violations

- A.Á Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
- B.Á Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate's obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.

VI. Miscellaneous

- A.Á Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.
- B.Á Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered

Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.

- C.Á Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.
- D.Á Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.
- E.Á HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F

APPENDIX M

PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES

I. General Provisions

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Attachment 9
Historical Examination Data

Historical Exam Statistics

	CFR	EMT	Intermediate	CC	Paramedic	Number	Number
	Total	Total	Total	Total	Total	Actually	Schedule
Exam Date						Tested	To Test
Jan-08	581	1139	97	35	117	1969	
Feb-08	317	97				414	488
Mar-08	373	1506	42	24	129	2074	2508
Apr-08	459					459	475
May-08	1080	2565	32	102	181	3960	4904
Jun-08	997	1917	39	163	243	3359	4193
Jul-08	449	108			33	590	687
Aug-08	343	1631	14	87	370	2445	2679
Sep-08	323					323	331
Oct-08	433	96				529	638
Nov-08	109	975	7	31	150	1272	1371
Dec-08	546	2328	108	58	184	3224	4141
Jan-09	491	723	50	2	43	1309	1651
Feb-09	8	32				40	43
Mar-09	616	1695	60	24	179	2574	3102
Apr-09	335					335	346
May-09	698	2607	33	115	148	3601	4653
Jun-09	544	2060	28	199	254	3085	4109
Jul-09	291					291	303
Aug-09	149	1947	16	120	357	2589	2985
Sep-09	196	117			2	315	294
Nov-09	416	1035	12	37	135	1635	1751
Dec-09	462	2022	87	67	128	2766	3491
Jan-10	438	1453	42	32	75	2040	2509
Feb-10	0	0	0	0	85	85	39
Mar-10	478	1734	35	19	123	2389	2898
Apr-10	250	92				342	344
May-10	707	2940	49	146	155	3997	4728
Jun-10	606	2161	55	143	203	3168	3987
Jul-10	431					431	463
Aug-10	86	2279	13	69	405	2852	3059
Sep-10	243					243	160
Oct-10					18	18	20
Nov-10	676	1245	14	51	181	2167	2050
Dec-10	565	2247	35	32	138	3017	3763
Jan-11	413	1271	30	12	83	1809	2317
Feb-11		1			41	42	56
Mar-11	603	1471	26	16	143	2259	3071
Apr-11	265					265	300
May-11	761	2893	28	163	142	3987	5172
Jun-11	433	1998	19	145	152	2747	3626
Jul-11						0	
Aug-11	530	2247	9	87	391	3264	4428
Sep-11	284	1000	7	30	220	1541	2116
Oct-11		40				40	40
Nov-11	442	1000	7	30	220	1699	2124
Dec-11	595	2107	30	8	134	2874	3784
Jan-12	414	1339	50	37	109	1949	2590
Feb-12						0	
Mar-12	519	1791	12	48	123	2493	3212
Apr-12	347	65			40	452	539
May-12	560	3102	39	110	160	3971	5152
Jun-12	414	2019	52	106	218	2809	4215
Jul-12						0	
Aug-12	268	2152	8	90	297	2815	3617
Sep-12	182	32			77	291	304
Oct-12		70			26	96	111
Nov-12	350	1000	23	38	205	1616	2156
Dec-12	309	1693	39	34	178	2253	3736
Jan-13	206	1056	29	31	179	1501	2082

Attachment 10
Examination Blueprint Data

CFR and EMT Blueprint

	CFR	EMT
Prepartory	11	13
A&P		
Med Term		
Physio		
Life Span		
Pub Health		
Pharm		
Airway	6	7
Pt. Assess	5	17
Medicine	5	28
Trauma	4	17
Shock	9	8
Special Pop	6	6
Ops	4	4
Pilot Items	5	10
	55	110

Attachment 11
Sample Answer Sheet

LAST NAME (Skip a space) FIRST NAME (Skip a space) MIDDLE INITIAL

Alphabetical grid for name entry, including letters A through Z in multiple columns.

DATE OF BIRTH

Month, Day, Year selection grid with bubble markers for date entry.

IDENTIFICATION NUMBER

TEST CODE

Grid for entering identification numbers and test codes, with numbers 0-9 in rows.

PROFESSIONAL EXAMINATION SERVICE

EXAM LEVEL: Certified First Responder, EMT (BASIC), EMT-Intermediate, EMT-Critical Care, EMT-Paramedic

TEST SITE:

TODAY'S DATE

Main grid of bubbles for marking answers, organized by exam level (1-4) and test site (1-4).

PLEASE TURN OVER

127	1 2 3 4	148	1 2 3 4	169	1 2 3 4	190	1 2 3 4	211	1 2 3 4	232	1 2 3 4
128	1 2 3 4	149	1 2 3 4	170	1 2 3 4	191	1 2 3 4	212	1 2 3 4	233	1 2 3 4
129	1 2 3 4	150	1 2 3 4	171	1 2 3 4	192	1 2 3 4	213	1 2 3 4	234	1 2 3 4
130	1 2 3 4	151	1 2 3 4	172	1 2 3 4	193	1 2 3 4	214	1 2 3 4	235	1 2 3 4
131	1 2 3 4	152	1 2 3 4	173	1 2 3 4	194	1 2 3 4	215	1 2 3 4	236	1 2 3 4
132	1 2 3 4	153	1 2 3 4	174	1 2 3 4	195	1 2 3 4	216	1 2 3 4	237	1 2 3 4
133	1 2 3 4	154	1 2 3 4	175	1 2 3 4	196	1 2 3 4	217	1 2 3 4	238	1 2 3 4
134	1 2 3 4	155	1 2 3 4	176	1 2 3 4	197	1 2 3 4	218	1 2 3 4	239	1 2 3 4
135	1 2 3 4	156	1 2 3 4	177	1 2 3 4	198	1 2 3 4	219	1 2 3 4	240	1 2 3 4
136	1 2 3 4	157	1 2 3 4	178	1 2 3 4	199	1 2 3 4	220	1 2 3 4	241	1 2 3 4
137	1 2 3 4	158	1 2 3 4	179	1 2 3 4	200	1 2 3 4	221	1 2 3 4	242	1 2 3 4
138	1 2 3 4	159	1 2 3 4	180	1 2 3 4	201	1 2 3 4	222	1 2 3 4	243	1 2 3 4
139	1 2 3 4	160	1 2 3 4	181	1 2 3 4	202	1 2 3 4	223	1 2 3 4	244	1 2 3 4
140	1 2 3 4	161	1 2 3 4	182	1 2 3 4	203	1 2 3 4	224	1 2 3 4	245	1 2 3 4
141	1 2 3 4	162	1 2 3 4	183	1 2 3 4	204	1 2 3 4	225	1 2 3 4	246	1 2 3 4
142	1 2 3 4	163	1 2 3 4	184	1 2 3 4	205	1 2 3 4	226	1 2 3 4	247	1 2 3 4
143	1 2 3 4	164	1 2 3 4	185	1 2 3 4	206	1 2 3 4	227	1 2 3 4	248	1 2 3 4
144	1 2 3 4	165	1 2 3 4	186	1 2 3 4	207	1 2 3 4	228	1 2 3 4	249	1 2 3 4
145	1 2 3 4	166	1 2 3 4	187	1 2 3 4	208	1 2 3 4	229	1 2 3 4	250	1 2 3 4
146	1 2 3 4	167	1 2 3 4	188	1 2 3 4	209	1 2 3 4	230	1 2 3 4		
147	1 2 3 4	168	1 2 3 4	189	1 2 3 4	210	1 2 3 4	231	1 2 3 4		

**DO
NOT
MARK
IN
THIS
SPACE**

Attachment 12
Sample Proctor Manual

Proctor's Manual of Instructions for the Administration of the New York State Bureau of EMS Written Certification Examinations



Prepared by:

New York State Department of Health
Bureau of Emergency Medical Services
433 River Street Suite 303
Troy NY 12180-2299
(518) 402-0996 (Ext. 1&4)
800-628-0193

Revised: January 2013

"As a proctor for the NYS DOH Bureau of EMS, I do hereby affix my signature verifying that I have read, understand, and agree to abide by the policies as set forth in this manual."

"In addition, to the best of my knowledge, all policies as set forth in this manual have been followed before, during, and after this NYS BEMS written certification exam administration."

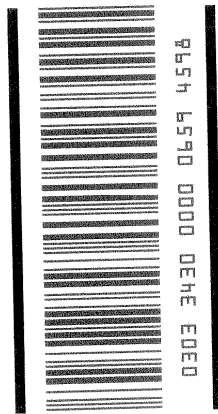
.....

Date

Course number(s): _____

Place your USPS DELIVERY CONFIRMATION on this page using clear tape or staples

United States Postal Service®
DELIVERY CONFIRMATION™



0303 3430 0000 0659 4598

U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

(Please Print Clearly)

DELIVERY CONFIRMATION NUMBER:
0303 3430 0000 0659 4598

Postmark
Here

POSTAL CUSTOMER:
Keep this receipt. For inquiries:
Access internet web site at
www.usps.com®
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

- Priority Mail™ Service
- First-Class Mail® parcel
- Package Services parcel

(See Reverse)

PS Form 152, May 2002

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Note

Upon receipt of examination materials, immediately open the box and check the contents to be sure all items are included.

If anything is missing or damaged, immediately contact the NYS BEMS Examination Coordinator at 800-628-0193 or 518-402-0996 extension #1 then press # 4. Please note that the 800 number is an exam registration line. However, messages may be left regarding proctor issues.Á

Pre-Examination Activities

Introduction

This manual is designed to orient the proctor(s) to the administrative procedures and security measures required by the New York State Department of Health Bureau of Emergency Medical Services (NYS DOH BEMS) in the administration of the NYS BEMS Written Certification Examinations. In order to ensure that each examination is administered in an efficient and secure manner, it is important that all examination personnel be familiar with the contents of this manual.

This manual contains instructions for the procedures to be carried out during each phase of the exam administration. The manual is divided into three sections: pre-examination activities, activities during the examination, and post-examination activities. The instructions include the following:

- Shipping and receipt of examination materials
- Administrative procedures for the examination
- Maintenance of the security of the examination
- Completion of all necessary forms
- Return of examination booklets and answer sheets

Should you need more information or have any questions regarding this manual, proctoring or other related issues, call the NYS BEMS Examination Coordinator at the exam registration number, 800-628-0193 or 518-402-0996 extension #1 then press # 4. Staff are available to assist you from 9:00am to 5:00pm, Monday through Friday (excluding holidays) and during exam administrations until 9:00 pm.

Exam Security

As a Proctor for the New York State Department of Health Bureau of EMS, one of your most important responsibilities is for the safekeeping and confidentiality of the examination materials. Before, during, and after administration of the exam, you must be mindful of the secure and confidential nature of your position.

During administration of the examination, you are responsible for the security of all examination materials and for preventing the theft of material or cheating at your assigned location. At no time can you leave the testing room or testing materials unattended. You must pay attention during the administration of the examination, watching for actions which might indicate illegal copying, use of prohibited devices or materials, cheating or theft.

At no time during the administration of the examination are you, an instructor or anyone other than the candidate taking the test, allowed to read the content of the test booklets.

Proctor Appearance and Conduct

As a representative of the New York State Department of Health, Bureau of Emergency Medical Services, you must always convey a professional appearance and demeanor. The dress code for proctors is business casual.

For Men – a collared dress shirt or polo shirt or neat sweater or jacket with long trousers (such as khakis or neat jeans); neat shoes.

For Women – a collared shirt, polo shirt, neat blouse or sweater; long tailored pants, jeans, capris, city shorts, or long skirt; neat shoes.

All clothing must be neat and clean and free from any profanity. Prohibited are shorts; short/mini-skirts; t-shirts; tank tops, tube tops, or halter tops; flip flops; or beach or street wear.

Proctors should not chew gum, eat noisy food, read, do word/number puzzles, chat with other staff or candidates, or do anything which takes their attention away from the candidates.

Shipment and Receipt of Examination Materials

Prior to each examination, the NYS Bureau of EMS will ship the following examination materials to the proctor:

1. Á Proctor's Manual – front cover must be returned to BEMS
2. Á Examination Answer Sheets
3. Á Examination Booklets (sealed for security purposes)
(assure all seals are unbroken)
4. Á No. 2 Pencils (***to be used only if the students do not have pencils of their own***)
5. Á Packing Tape
6. Á One USPS Priority Flat Rate box with prepaid postage for returning materials to Professional Examination Services, Inc (PES)
7. Á Prepaid mailing label for the Priority Flat Rate box
8. Á One large manila envelope with a Business Reply Label (no postage necessary) addressed to the NYS DOH BEMS
9. Á Two envelopes for returning materials to NYS BEMS. If envelopes are not present, the items to be placed in the envelopes must be placed inside the manila envelope to be sent to NYS BEMS
10. Á Examination Roster (2 copies)
11. Á Answer Sheet Inventory Form
12. Á Certification Examination Inventory Form (CEIF)
13. Á Incident Report Form

These are the only items that you will need to conduct the examination, and to return materials to PES and NYS BEMS.

Note

Upon receipt of examination materials, immediately open the box and check the contents to be sure all items are included. If anything is missing or damaged, immediately contact the NYS BEMS Examination Coordinator at 800-628-0193 or 518-402-0996 extension #1 then press # 4. Please note that the 800 number is an exam registration line. However, messages may be left regarding proctor issues.

Preparations for the Examination

1. Immediately upon receipt of the materials, open the box. A **Certification Examination Inventory Form (CEIF)** will be at the top of the box. The CEIF lists the contents of the box. Check the box to make sure that all listed items, in the correct quantities and correct exam level(s), have been sent. Each exam level has its own colored booklet. ***If more than one color is present for an exam level, notify the NYS BEMS immediately.*** Each exam level will have its own unique Test Code on the front of each exam booklet. This code number will be the same number for all the booklets for that particular exam level. If you find that there is more than one Test Code for an exam level, contact the NYS BEMS immediately.
2. Complete the inventory of materials. ***If there are any problems with the materials, immediately contact the NYS BEMS Examination Coordinator at 800-628-0193.*** If you get the voicemail, leave a message with your name, the date of the exam and the course number (from the box label or the CEIF). If you are missing any items, please let us know exactly what is needed (item and quantity). Also, please leave a daytime telephone number where we can contact you to make arrangements for you to receive the missing or replacement items.
3. Prior to the date of the exam administration, **carefully read through this entire proctor's manual.** On the night of the examination, you will need to provide the students with the proper amount of time. Refer to the chart on Page 17 for the amount of time that is to be provided for the different exam levels. The level of the examination you are proctoring can be found on the CEIF.
4. Call the Certified Instructor Coordinator (CIC) **at least 5 days before the examination.** Use the phone numbers found on the CEIF. Tell the instructor that you have been assigned to proctor their exam. Confirm with the CIC that the location of the exam is the same as is listed on the CEIF and that the room will be appropriately setup for the exam. **If there are any changes to the location or you are unable to contact the CIC, call NYS BEMS at 800-628-0193.**

Maintaining Examination Security

When you have checked the shipment of examination materials and determined that it is complete, place the examination materials in a locked location to which no unauthorized person has access.

Proctors are reminded of the importance of safeguarding the confidential nature of the examination before, during and after the test administration. In addition to locking the examination materials in a safe place when not in use, please observe the following safety measures:

1. Unless there is a question of a defective (i.e. damaged, unsealed, etc.) booklet, proctors are not to view the contents of any examination booklet at any time. During the examination session, only students who are registered for the examination are to see the contents of the examination booklets. **The instructors are not allowed to view an examination booklet at any time.**
2. No one is allowed to duplicate or retain any portion of the examination. No one is allowed to leave the examination room with examination materials (i.e., exam booklet, answer sheet, etc) or cellular phones.
3. Note taking during the examination is absolutely prohibited.
4. Students should have no more than one examination booklet and one answer sheet in their possession during the examination session (i.e. no scrap paper, no calculators). Defective booklets and answer sheets should be replaced at once. Extra exam materials are included with each shipment to ensure sufficient quantity. Please secure these materials prior to the beginning of the examination.
5. After the exam administration, examination booklets and answer sheets must be counted to make certain that the students have returned all examination materials and no items are missing.
6. ***After the returned examination materials have been counted, repack them according to the checklist on the last page of this manual.***

7. Proctors must return the appropriate materials to PES and the NYS BEMS ***no later than the next business day after the examination*** administration. Failure to do so will result in a delay in the processing of examination scores and may result in a delay in students receiving their grades as well as proctor payments being denied or delayed.

Under no circumstances will the proctor administer an examination to a candidate who is a member of their own family.

Under no circumstances will the proctor administer an examination to a class where the CIC is a member of their own family.

If a family member is one of the students or the CIC, the proctor must contact the BEMS immediately.

Activities During the Examination

Administration of the Examination

1. **Arrive on time.** Proctor(s) should arrive at the examination site at least 30 minutes prior to the student's scheduled reporting time to check all necessary arrangements and to make sure that all preparations are complete for administration of the examination. Most examinations are scheduled to begin at 7:00pm. Students are requested to report to the examination site 15 to 30 minutes prior to the start of the examination. Students at On-Site Scoring locations are scheduled to report to the examination site at 6:00 p.m.
2. **Establish contact with the CIC.** The CIC is there to make sure the facility is proper and usable, to identify students for you, to assist in class control, and to provide you with end-of-course documents. **You, the proctor, outrank the CIC regarding any decisions relating to the administration of the examination.**
3. **Check the examination site for proper testing conditions.** The physical environment for the examination should create among the students, a generally favorable attitude toward the examination, thereby increasing their comfort and helping them to do their best work. In order to accomplish this, there should be:
 - a) A place to check coats, hats and books;
 - b) Good lighting, ventilation, and freedom from outside noises;
 - c) Adequate writing surfaces, without the students sitting too close to each other (students should not be able to easily view another student's examination materials);
 - d) Comfortable chairs;
 - e) A chalkboard or whiteboard (if possible);
 - f) A large clock (if possible);
 - g) Access to a water fountain and restroom facilities, and;
 - h) A proctor's table for registering students and administering the exam.

If these conditions are not present, ask the CIC to correct the situation. If the CIC is unable to correct the improper conditions, **DO NOT START THE EXAM**; call BEMS at 800-628-0193 for further instructions.

4. **Accept paperwork from the CIC.** The CIC is expected to give you course documents including a:
- A completed and signed Final Practical Skills Examination Summary Sheet (DOH-2733);
 - A class list;
 - A completed Students Ineligible to take the State Certifying Examination form (DOH-79) and;
 - A Medical Director's Certification of AEMT Course Completion (for all advanced EMT courses) (DOH-3379).

Also, the CIC is expected to leave you any Student Examination Tickets for eligible students who do not arrive to take the exam. Accept any and all items the CIC gives you to be sent to the BEMS in the manila envelope provided.

5. **Establish a registration area and begin registration.** The registration area should be a desk or table at the front of the room. The work area should be large enough to accommodate the rosters and other exam materials. Examination booklets must be kept out of reach and site from the candidates. There should be a seat for you and you must have full view of all students from this area.

As you begin registration, ask the CIC to stand-by to verify the identity of each student. Call the students up to the registration area, one at a time. Use the names as printed on the roster. ***If a student does not appear on the roster the student must not be allowed to take the exam.*** Instructors and proctors are **NOT** authorized to add a name to the roster. Call the BEMS at 800-628-0193 for further instructions.

As the student approaches the registration area, the proctor must:

Check the Student Examination Ticket. NO STUDENT MAY TEST OR PROCEED PAST THIS POINT UNLESS HE/SHE HAS A VALID STUDENT EXAMINATION TICKET AND HIS/HER NAME IS PREPRINTED ON THE ROSTER. The Student Examination Ticket must be an original (blue card). Photocopies and fax copies are unacceptable unless accompanied by a letter signed by the NYS BEMS Examination Coordinator (see sample in Appendix A).

Ask the student to present photo ID.

Make sure the name matches the name on the photo ID and on the examination roster. If there is a discrepancy with the information on the photo ID and the examination roster and/or the Blue Examination Ticket, notify the instructor. If there is more than a minor change, contact BEMS for further instructions. Have the candidate draw a single line through the incorrect information on the Blue Ticket, print the correct information, initial next to the change and accept the Ticket. Have the student validate the information on the front of the blue ticket, advise them they must read the Security Agreement on the back, and have him/her sign the ticket in your presence. If it is already signed, have the student sign it again and date it. The student will keep his/her Student Examination Ticket until the end of the examination.

- * **If the student refuses to sign the blue ticket/Security Agreement, advise the student that he/she will not be allowed to take the examination at this time. Advise the student that he/she must leave the testing facility and that the NYS Bureau of EMS will contact him/her within 4 – 6 weeks.**
 - * Write the words "**Refused To Sign**" on the line for the candidate's signature, fill-in the date, and the student identification number. Document this on the Incident Report Form.
 - * Place any "Refused To Sign" tickets on top of all other tickets.
- **Check the student "In" on both copies of the examination roster.** Have the student sign their name on one copy of the course roster in the column marked "comments." Under "Check In", place the time the student signed the roster to check in.
 - **Provide the student with one answer sheet and the Candidate Instruction sheet and advise him/her to be seated and follow the directions on the Candidate Instruction sheet.**

If a student states that they have been granted an Americans with Disabilities Act accommodation, request to see their official letter, issued by the NYS Bureau of EMS. The letter will identify the specific accommodations granted.

At this time, we do not grant permission to have anyone other than the student read or mark the examination answer sheet. If there is any doubt, as to whether or not the student has been granted an accommodation, contact the NYS BEMS immediately at 800-628-0193.

- **Á** Once all students have been checked-in and are seated, you may begin to pass out one examination booklet to each student and advising them not to open the booklet until told to do so.

If you are proctoring more than one examination level during a single administration, make sure each student receives the correct level exam booklet.

- **Á** Once all examination booklets have been disseminated, announce the correct name for the Test Site to be filled in on their answer sheets. If available, you can write this on a chalkboard or whiteboard at the front of the room.
- **Á** Once all students have completed their Candidate Instructions, you may begin the exam.

Explain where the restrooms and water fountain are located, advise students of the smoking regulations, etc., and make any necessary adjustments in seating.

Make the announcement that all pagers, cell phones, radios, or any other type of communication devices are to be turned off and not visible during the examination and cannot be accessed until they have completed their examination.

Announce the start time and what the end time will be for this exam.

<u>Examination Title</u>	<u>Time</u>
Certified First Responder	1 and 1/2 hours
Emergency Medical Technician –Advanced EMT	2 and 1/2 hours
Critical Care	3 hours
Paramedic	4 hours

Once the students have begun taking the examination, please follow the instructions below:

1. The proctor may not leave the testing area at anytime.
2. As students finish their exam, the student will raise their hand and will await for the proctor to arrive at their seat. The proctor must place all extra examination booklets back into the box. **Do not leave any extra booklets on the table or where anyone can gain access to them!**
3. The proctor must visually check to: see that all students have written their identification information correctly; have filled in the appropriate circles corresponding to their examination identification numbers; and are marking their answers in the correct manner. The proctor should be as quiet as possible to avoid disturbing the students while doing so.
4. The proctor will take all examination materials (Examination Ticket on top, Examination Booklet, and Answer Sheet on the bottom) to the registration table with the student, where the student will sign-out.
5. The proctor must monitor the group to make sure that proper testing procedures are being followed. When a student asks a question pertaining to the content of a specific item, the proctor should avoid the question tactfully with a statement such as ***"I'm sorry but I cannot help you with that. Read it carefully again and perhaps you will see what is meant."*** If a student appears to have found a printing error in an item, such as a choice that has been omitted, the proctor should make a general announcement to the students, telling them to answer the item to the best of their ability. If a student finds an entire item omitted in the examination booklet, make a general announcement that the item should be skipped on the answer sheet and all students will receive credit for the missing item. After the examination, call the NYS BEMS Examination Coordinator at 800-628-0193 to report the error.

6. The best way to handle cheating is to prevent it. Adequate spacing between students will limit the possibilities of talking or looking at another student's answer sheet. If the proctor should notice a student constantly looking at another student's paper, the proctor must make an announcement that there is to be "no talking" and to "keep your eyes on your own paper." The proctor or assistant proctor should stand near the suspected cheater to let him/her know that he/she is being observed. These methods usually succeed. However, if the activity persists and/or you notice behavior or other evidence of cheating, confiscate the student's testing materials, Student Examination Ticket, and any reference items and dismiss the student from the testing facility. Complete an incident report on the situation and contact BEMS the next business day.

The proctor should also monitor the students to make sure that the only materials they have on their desks are their examination materials (i.e., exam booklet, answer sheet, Student Examination Ticket, and pencil). If you find a student referring to unauthorized materials, confiscate the student's testing materials, Student Examination Ticket, and the reference items. Dismiss the student from the examination.

In any case of cheating, notify the NYS BEMS Examination Coordinator at 800-628-0193 at the conclusion of the examination. In addition, you must fax a written report of the situation within 24 hours following the exam to the NYS BEMS Certification Unit at 518-402-0985. Should the student be reluctant to leave, ask the CIC to escort the student from the examination site.

5. The proctor will disqualify and dismiss from the written certification examination site any candidate:

- Who arrives more than 30 minutes late to the examination site (Any student who arrives up to 30 minutes late may be admitted to the exam, but they will be advised that they will not receive any additional time than the allotted time given to those students who have already begun the exam)
- Whose actions are distracting or disruptive to the examination process (i.e. use of cell phone, PDA, pagers, etc. despite warnings by proctor)

- Á Who "assists" or "facilitates" another candidate or candidates in the examination process
 - Á Who talks with other candidates during the exam.
6. The proctor should periodically indicate the time remaining for the examination. This can be accomplished by either writing the amount of time remaining on a chalkboard or by announcing it verbally. Every half-hour is more than sufficient. The CIC of the course will be available to assist the proctor. The other course instructors must not be present at the examination. The CIC is not allowed to discuss anything with the students during the administration of the examination.
 - 7.Á **The examination must be administered to all students under uniform conditions. There should be no deviation from the usual exam administration procedures. Under no circumstances should any part of the examination be read orally to a student, nor should a student's answer sheet be filled out by anyone other than the student.**
 - 8.Á Late arrivals may be tested only if they arrive less than 30 minutes after the examination starts. Only allow a tardy candidate to test if he/she clearly understands that he/she will not receive any extra time. If you decide not to allow a tardy candidate to test, ask him/her to contact NYS BEMS at 800-628-0193 on the next business day following the examination to reschedule for another examination date. Should the student be reluctant to leave, ask the CIC to escort the student from the examination site.
 - 9.Á At the end of the examination, when time is up, the proctor must make the following announcement:

Please stop, your time is up, close your examination booklet, put down your pencil, and wait for my signal to call you up to my table.

Procedures at the End of the Examination

At the end of the examination period, the examination booklets, answer sheets, Student Examination Tickets and pencils (if provided to the student by the proctor), must be collected by the proctor. In order to maintain strict examination security, the proctor must put each examination booklet into the box as soon as it is returned. Do not allow the returned booklets to accumulate on the table. The proctor must make sure that all examination booklets, Student Examination Tickets and answer sheets are returned and accounted for. The proctor must count the answer sheets and record the number of answer sheets being returned on the Answer Sheet Inventory form (a sample Answer Sheet Inventory form is included in the Appendix D of this manual). In addition, the proctor must record the number of test booklets received and the number of booklets to be returned on the Test Booklet Inventory form.

1. Collect the exam booklet, answer sheet and pencil (if provided by the proctor).
2. Make sure that the student has completed all the grids on the answer sheet and filled in the corresponding circles.*
3. Check to see that the student has written his/her identification number on the front cover of the exam booklet.*
4. Collect the Student Examination Ticket. The ticket must have been signed.
5. Have the student sign the other copy of the examination roster. In the "Check Out" box, write in the time the student signs out on the roster.
6. Instruct the student to leave quietly.

If a student asks when they will receive the results of the examination, inform them they will receive notification from NYS BEMS within the next 6 weeks. Advise them **not** to call the NYS BEMS to request results.

***Note:** If any information is not filled in or is filled in incorrectly, ask the student to complete or correct the information in front of you. The students must not be allowed to add any answers to the answer sheet at this time.

Post-Examination Activities

All examination materials must be returned immediately or on the next day the Post Office is open after the examination administration. *Proctor payment may be denied or delayed if the materials are not postmarked the next business day following an administration.*

Proctor Payment Voucher

The payment voucher may be obtained on our web site at:
<http://www.health.ny.gov/professionals/ems/emsforms.htm>
Form AC3253-S, Proctor Claim for Payment for Non-State Employees.
This form must be filled out on-line and printed out to be submitted to BEMS.

PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY:

Place all of the PES items into the PREPAID USPS Flat Rate Priority Box provided to you. All items will be placed together in this box (the answer sheets do not need to be sent separately).


Place all of the items in the USPS box in the order outlined in appendix H found at the end of this manual:

***UNUSED ANSWER SHEETS DO NOT GO IN THIS BOX!!!
PLACE THEM IN THE MANILA ENVELOPE TO NYS BEMS!!!***

Place the completed CEIF on top of these materials. The bottom of the CEIF must be completed to reflect the booklets received and returned. Sign the bottom of the CEIF form to authenticate the document. Any discrepancy in the number shipped must be explained.

Seal the Flat Rate Priority box using the sealing tape that was provided. Affix the prepaid mailing label to the box. The return address on the prepaid label should be the address for BEMS. Affix the Delivery Confirmation Label to the lower left hand corner of the box. **Retain this receipt and place the receipt, attach to the front cover page of the proctor manual and place in the manila envelope that is sent back to the NYS BEMS.**

You will need to bring the PREPAID Flat Rate Priority Box to the Post Office for mailing. No postage is necessary since it has been prepaid by PES. All items will be returned together in this one box.

NYS DOH BEMS 433 River St. Suite 303 Troy, NY 12180	
NO POSTAGE STAMP NECESSARY POSTAGE HAS BEEN PREPAID BY	
Professional Examination Services 475 Riverside Drive New York, NY 10115-0089	
Course# 085000, 085001	

THE FLAT RATE PRIORITY BOX. No postage is necessary; it has been prepaid by the Professional Examination Services, Inc. (PES). If a postal employee asks for payment for this box, point out that the postage has been prepaid by PES' permit number. If the postal employee still will not accept the box, call NYS BEMS at 800-628-0193 for further instructions.

If you are proctoring exams for more than one course of the same level, place the completed answer sheets for both courses in the same flat rate priority box. Write the course number(s) in the lower left corner on the prepaid mail label.

Note: If you are proctoring at a Regional Test Site, write the site number on the label.

Procedures for returning examination materials to the Bureau of EMS

1. Prepare the plain manila envelope that is addressed to the New York State Department of Health Bureau of EMS as follows:

- a) **Place all “unused” answer sheets in the manila envelope and the Delivery Confirmation Label receipt.**
- b) **Tear off the completed front signature page from the Proctor’s Manual, along with your USPS Confirmation Receipt and place on the cover page from the Proctor’s Manual.**
- c) **Fill out the Payment Voucher** (see sample in Appendix F for non-NYS employees or Appendix G for NYS employees). The proper fees are located in Appendix E.
- d) **Put the payment voucher into the manila envelope.**
- e) **Place the following items in the separate envelope or together in the manila envelope.**
 - One copy of the Examination Roster
 - The signed Student Examination Tickets
 - Any refusal to sign Student Examination Tickets
 - Any unsigned Student Examination Tickets for eligible students who did not attend the examination. These tickets should have been given to you by the CIC.
- f) **Place all items listed above (a, b, c, d, e) into the plain manila envelope. Put any other items the CIC may have given you in the manila envelope. Take all items, (the flat rate priority box, the examination materials and the manila envelope) to the Post Office for mailing.**

THE MANILA ENVELOPE ADDRESSED TO THE BUREAU OF EMS CERTIFICATION UNIT. You do not need to present this envelope to the postal employee for weighing and postage. This manila envelope has a Business Reply Label from the Post Office affixed to the envelope. You simply hand it over to the Post Office without paying any additional postage. The Post Office will automatically charge the special permit number on the label for any postage costs for this manila envelope.

Appendix A

Sample Photocopy/Fax
Duplicate Student Examination Ticket

New York State Bureau of Emergency Medical Services

433 River Street, Suite 303, Troy, NY 12180-2299

Duplicate Student Examination Ticket

JOHNNY GAGE

This is the duplicate Student Examination ticket that you requested. You must bring this ticket and photo identification (such as a drivers license) to the exam site.

Exam Level: BASIC

<u>NAME</u>	<u>IDENTIFICATION NUMBER</u>	<u>DATE OF BIRTH</u>	<u>EXAM MONTH</u>	<u>COURSE LEVEL</u>
JOHNNY GAGE	084311-1-329402	6/5/1983	6/16/2005	BASIC

Instructions to candidate: This ticket will admit you to the Emergency Medical Technician or Advanced Emergency Medical Technician written examination you are scheduled to take. **DO NOT** go to any other examination site. You **MUST** have this ticket with you to take the examination.

Candidate must read the security statement below prior to signing

JOHNNY GAGE
1 LAFD BLVD
LOS ANGELES, CA 90210

CANDIDATE MUST SIGN THE SECURITY STATEMENT IN THE PRESENCE OF THE EXAM PROCTOR PRIOR TO RECEIVING ANY EXAM MATERIALS.

I HAVE READ THE FOLLOWING NYS DOH BUREAU OF EMS SECURITY AGREEMENT AND CONSENT TO TAKE THE CERTIFICATION EXAMINATION UNDER THE CONDITIONS STATED HEREIN:

- ◆ I WILL NOT GIVE OR RECEIVE ASSISTANCE WHILE TAKING THIS TEST, INCLUDING THE USE OF UNAUTHORIZED NOTES.
- ◆ I WILL NOT COPY OR DISTRIBUTE, IN ANY FORMAT, THE CONTENTS OF THIS TEST.
- ◆ I WILL MAINTAIN THE CONFIDENTIALITY OF THIS TEST.
- ◆ I WILL NOT HAVE IN MY POSSESSION A CELL PHONE, PAGER, ANY OTHER TYPE OF COMMUNICATION DEVICE, OR ANY OTHER UNAUTHORIZED MATERIALS.

I UNDERSTAND THAT VIOLATING THE CONFIDENTIAL NATURE OF THE CERTIFICATION TEST CAN RESULT IN SEVERE CIVIL AND/OR CRIMINAL PENALTIES, INVALIDATION OF TEST SCORES, REPORTS TO ANY AUTHORIZED AGENCY, SUSPENSION OR REVOCATION OF NYS BEMS CERTIFICATIONS, AND/OR CHARGES LEVIED THROUGH THE NYS DEPARTMENT OF HEALTH BUREAU OF EMS.

Note: If a candidate refuses to consent to the conditions of this Security Agreement, the proctor will notify the candidate that he/she will not be allowed to take the examination. NYS DOH BEMS will be so informed. This form will be retained as a permanent part of the course and candidate's files.

By signing this agreement I affirm that I have successfully completed all certification course requirements as per NYS DOH BEMS regulations to be eligible for NYS certification. I also affirm that I have successfully completed the required NYS Final Practical Skills Examination to be eligible for the NYS Written Certification Exam for which I am about to take. I attest that I am the named individual printed above on this ticket, that this information may be verified, and that attempting to take a test for someone else will result in disqualification and possible criminal charges.

Candidate Signature

Date

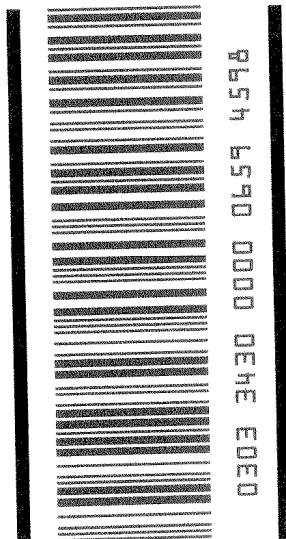
**MUST BE SIGNED
ONLY IN FRONT OF
THE PROCTOR**

Appendix B

Sample Delivery Confirmation Label/Receipt

Front of Delivery Confirmation Receipt

United States Postal Service®
DELIVERY CONFIRMATION™



U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.
Article Sent To: (to be completed by mailer)

(Please Print Clearly)

DELIVERY CONFIRMATION NUMBER:
0303 3430 0000 0659 4598

Postmark
Here

POSTAL CUSTOMER:
Keep this receipt. For Inquiries:
Access internet web site at
www.usps.com®
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

- Priority Mail™ Service
 First-Class Mail® parcel
 Package Services parcel

(See Reverse)

PS Form 152, May 2002

Back of Delivery Confirmation Receipt

USPS® Delivery Confirmation™ Service

This Service

- provides date and time of delivery and/or attempted delivery upon inquiry
- Is only available with Priority Mail Service™, First-Class Mail® parcels, and Package Services parcels (Parcel Post, Bound Printed Matter, Media Mail, and Library Mail)
- A parcel is a box OR an item that is more than 3/4" thick at its thickest point. The face must be large enough for return and delivery address, special service label, markings or endorsements, and postage.

No insurance coverage is provided. If indemnity coverage is desired, consider Insured Mail, or other special service that provides coverage. Contact your local postmaster for information concerning available options and limitations on coverage.

HOW TO USE:



1. COMPLETE
FORM
NEATLY



2. ATTACH LABEL
TO THE LEFT OF
DELIVERY ADDRESS

PS Form 152, May 2002

Appendix C

Certification Examination Inventory Form
(CEIF)

New York State Department of Health - Bureau of Emergency Medical Services

433 River Street, Troy, New York 12180-2299

Test Nights - 1-800-628-0193

Certification Examination Inventory Form

IMMEDIATELY UPON RECEIPT, please check the box for the following contents:

- | | |
|--|---|
| <input type="checkbox"/> Correct number and type of examinations | <input type="checkbox"/> Large envelope to NYS DOH |
| <input type="checkbox"/> Examination Inventory Form (this form) | <input type="checkbox"/> Express Mail envelope to PES |
| <input type="checkbox"/> Sufficient number of answer sheets | <input type="checkbox"/> Green envelope |
| <input type="checkbox"/> Answer Sheet Inventory Form (yellow) | <input type="checkbox"/> Blue insurance sticker |
| <input type="checkbox"/> Student roster for this course | <input type="checkbox"/> Box return mailing label |
| <input type="checkbox"/> Proctor payment voucher | <input type="checkbox"/> One box of pencils |
| <input type="checkbox"/> Yellow envelope | <input type="checkbox"/> Packing tape |
| <input type="checkbox"/> Proctor's Manual | |

If any items are missing, please call the EMS office at 518-402-0996, extension 1 and then extension 4

PRIOR TO THE EXAM DATE.

Please contact the Instructor and Examination Site in advance to confirm the location and any arrangements for this examination.

Exam Information

Exam Date: 12/16/2004
Exam Start Time: 7:00 P.M.
Exam Level: Critical Care - Original
Course Number: 024136
Total Students: 6
Exam Booklet Code: 2743701

Instructor Information

Instructor Name: David Simmons
Work Phone: (607)222-0036
Home Phone: (607)865-4814

Test Site Location

Class Location: Delaware County Public Safety Building
Address: 280 Phoebe Lane
Delhi, NY 13753
County: Delaware

Number of Examination Booklets Shipped: _____ Initials: _____

To be Completed by the Proctor

Number of Exam Booklets received: _____
Number of Exam Booklets returned: _____

Appendix D

Sample Answer Sheet Inventory Form

New York State Department of Health
Bureau of Emergency Medical Services



ANSWER SHEET INVENTORY FORM

Please complete this form IMMEDIATELY after collecting all answer sheets from candidates. Sign both front and back. Return in the Flat Rate Priority Mailing Box along with all completed answer sheets and all other materials.

Examination Location:			
Examination Date:			
Answer Sheet	# of Candidates Tested	Number of Completed Answer Sheets	Number of Signatures on Exam Rosters
Test Code Number _____			
Test Code Number _____			
Test Code Number _____			
Test Code Number _____			
Test Code Number _____			

Does the number of used answer sheets equal the number of used books. Circle one:	Yes No
---	----------

ROSTERS AND THIS FORM MUST BE INCLUDED WITH RETURN SHIPMENT

Name of Proctor _____ Signature of Proctor _____

Date: _____

IMPORTANT: Please fill out the back of this form if there are damaged answer sheets or other special circumstances affecting the answer sheets.

ANSWER SHEET DAMAGE REPORT

PLEASE COMPLETE BOTH SIDES OF THIS FORM
AND
ENCLOSE WITH ANSWER SHEETS

SPECIAL CIRCUMSTANCES AFFECTING ANSWER SHEETS

Important: If any answer sheet needs special attention because of damage, recopying, or other out-of-the-ordinary circumstances, identify them below.

Candidate ID Number	Candidate Name	Description of Problem

	Initial the box to the left if there are <i>NO</i> special problems with the answer sheets.
--	---

Signature: _____ Date: _____

Appendix E

Proctor Payment chart

Proctor Payment chart

Certification Level	Length of Examination	Pay Rate – per Exam Administration	ADA Extended Rate
CFR	1.5 hours	\$50.00	\$60.00
EMT-Basic	2.5 hours	\$70.00	\$85.00
EMT-Intermediate	3.0 hours	\$80.00	\$100.00
EMT-Critical Care	4.0 hours	\$90.00	\$120.00
EMT-Paramedic	4.0 hours	\$90.00	\$120.00
On Site Scoring Exam Supervisor	4.0 hours	\$120.00	NA
On-Site Scoring Proctor	4.0 hours	\$90.00	NA
Regional Test Site Supervisor	4.0 hours	\$120.00	NA
Regional Test Site Proctor	4.0	\$90.00	\$120.00
No show of student or examination cancelled		\$50.00	\$50.00
NYS-BEMS Pre-approved Travel for more than 35 miles one way		Reimbursement based on current IRS rate. (non-State employees only)	

Notes:

- 1. When testing more than one course number, with more than one level (i.e. CFR and EMT), your payment will be based on the pay rate for the highest level tested.**
- 2. If the Bureau has requested that you proctor additional courses (not individual students), which are being tested in the same room, you may be eligible for an additional \$5.00 per course. Payments are limited to three additional courses, for a maximum of \$15.00 in additional pay.**
- 3. When conducting more than one exam administration per test date, payment for each separate, non-overlapping, exam administration will be based on the rates listed above.**

Appendix F

Sample Proctor Payment Voucher
[For Non-State Employees]

State
of
New York

CLAIM FOR PAYMENT

Vendor Information

Vendor Name	Jane Doe	Vendor Identification Number	123456789		
Address	123 Main Street	City	Any town	State	NY
	Apartment 1A	Zip Code	12345		
		Invoice Number	This should be the course number and your initials		

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
Exam Location:	800 East Main Street, Any town, NY 12345				
Written Exam Date:	12/20/2012				
Exam Start Time:	19:00				
Course Number (s):	012345, 012346, 012347				
ADA Student <input checked="" type="checkbox"/>				Proctor Fee Rate: \$100	\$100
Supervisor <input checked="" type="checkbox"/>				If eligible, choose the amount for additional courses. 1 course = \$5, 2 courses = \$10, 3 or more courses = \$15	\$15
				Total	\$115
				Discount %	
				Net	\$115

Vendor Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Vendor's Signature In Ink

Title

Date

Name of Company

NYS Agency Information

Vendor Identification Number	Vendor Location ID	Vendor Address Sequence			
Voucher ID	Business Unit Name	Bus. Unit	Interest Eligible (Y/N)	Contract ID	
Payment Date (MM) (DD) (YY)	Liability Date (MM) (DD) (YY)		Merch/inv. Rec'd Date (MM) (DD) (YY)		
Withholding Class	Withholding Amount	Handling Code	Payee Amount		
Invoice Number	Invoice Date				

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
DOH01	3450355	28310	20809	55062
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield 1 - Accumulator	Chartfield 2 - Agency Use	Chartfield 3	Amount
	11850			

Legacy Format Charge Lines (If Applicable)

Expenditures							Liquidation				
Dept.	Cost Center	Var	Yr.	Object	Accum Dept.	Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P
Liability Date	From Date	TC	Subledger				Optional				

Appendix G

Sample Proctor Payment Voucher
[For State Employees Only]

STATE OF NEW YORK
EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim Department of Health 1200 P.R. Period

Name of Employee John Doe

Agency in which regularly employed Department of Social Services

Retirement Registration No. Regular Position Title Clerk II

Retirement Rate Salary Item No.

Social Security No. 012-34-5678 Extra Service Position Title Examination Proctor

Number of Tax Exemptions Claimed 0 Rate Flat Rate

The actual time of starting and finishing work must be shown.

DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	DATE	TIME STARTED	TIME FINISHED	HOURS WORKED
<u>01-20-2005</u>	<u>6:30</u> A.M. P.M.	<u>10:30</u> A.M. P.M.	<u>4.0</u>				
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
TOTAL HOURS WORKED <u>4.0</u>				TOTAL AMOUNT <u>\$ 70.00</u>			

I hereby certify that the above services were rendered to the State of New York on the dates and at the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said services were performed while on vacation or outside of the office hours of the department or agency in which I am regularly employed; that the above bill is just, true and correct; and that no part thereof has been paid or satisfied.

Date 01-21-2005 Employee Signature John Doe

Test Location: Anytown Community College

Course Type: EMT-Basic

Course No's: 015022

Appendix H

Checklist for returning testing materials

Post Exam Checklist

USPS Flat Rate Priority box:

- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.
- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.
- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.
- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.
- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.
- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.
- Place the Proctor's Manual on the bottom of the box, Next to the unused answer sheets.

Explain any discrepancy with the number of books shipped.

You may need to cut the tape in to two pieces to appropriately seal the box.

Place the Delivery Confirmation receipt on the back page of the cover page from the Proctor's Manual and place in the manila envelope to be returned to the BEMS.

Manila Envelope:

- Completed and signed front page of the Proctor's Manual
- Unused answer sheets
- Proctor Voucher
- The examination roster and signed examination tickets (Blue), and any unsigned tickets for students who did not appear to take the exam
- **Delivery Confirmation receipt attached to back cover page of Proctor Manual**
- Any additional paperwork from the instructor of the course
- Test Night Issue form if there were any issues to report

Attachment 13
Testing Schedule 2013 and 2014

2013 – 2014 Written Certification Examination Schedule

Exam Date	Exam Time	Student Applications DUE DATE	On-Site Scoring Locations
January 17, 2013	7 P.M	November 25, 2012	Long Island City, Fresh Meadows, Albany, Rochester
March 21, 2013	7 P.M	January 19, 2013	Long Island City, Fresh Meadows, Albany, Rochester
April 18, 2013	7 P.M	February 21, 2013	Not Available
May 23, 2013	7 P.M	March 28, 2013	Long Island City, Fresh Meadows, Albany, Rochester
June 20, 2013	7 P.M	April 25, 2013	Long Island City, Fresh Meadows, Albany, Rochester
July, 18, 2013	7 P.M	May 23, 2013	Long Island City
August 15, 2013	7 P.M	June 20, 2013	Long Island City, Fresh Meadows, Albany, Rochester
September 19, 2013	7 P.M	July, 25, 2013	Not Available
October 17, 2013	7 P.M	August 22, 2013	Long Island City
November 21, 2013	7 P.M	September 26, 2013	Long Island City, Fresh Meadows, Albany, Rochester
December 19, 2013	7 P.M	October 24, 2013	Long Island City, Fresh Meadows, Albany, Rochester
January 16, 2014	7 P.M	November 21, 2013	Long Island City, Fresh Meadows, Albany, Rochester
February 20, 2014	7 P.M	December 26, 2014	Long Island City
March 20, 2014	7 P.M	January 23, 2014	Long Island City, Fresh Meadows, Albany, Rochester
April 17, 2014	7 P.M	February 20, 2014	TBA
May 15, 2014	7 P.M	March 20, 2014	TBA
June 19, 2014	7 P.M	April 24, 2014	TBA
July 17, 2014	7 P.M	May 22, 2014	TBA
August 21, 2014	7 P.M	June 26, 2014	TBA
September 18, 2014	7 P.M	July 24, 2014	TBA
October 23, 2014	7 P.M	August 28, 2014	TBA
November 20, 2014	7 P.M	September 25, 2014	TBA
December 18, 2014	7 P.M	October 23, 2014	TBA

Attachment 14
Electronic Data File Layout

Record length = 107

01 in-scores-record.

05 in-id.

10 in-level. pic x(01).

10 in-state-id pic x(04).

10 in-course-num pic x(06).

05 in-test-results.

10 in-num-taken pic 9(01).

10 in-emt-number pic 9(06).

10 filler pic x(04).

10 in-total-score pic 9(03).

10 in-basic-score pic 9(03).

10 in-score-a pic 9(03).

10 in-score-b pic 9(03).

10 in-score-c pic 9(03).

10 in-score-d pic 9(03).

10 in-score-e pic 9(03).

10 in-score-f pic 9(03).

10 in-score-g pic 9(03).

10 in-score-h pic 9(03).

10 in-filler1 pic x(01).

10 in-basic-percent pic 9v99.

10 in-adv-percent pic 9v99.

10 filler pic x.

05 in-personal.

10 in-last-name pic x(14).

10 in-first-name pic x(08).

10 in-middle-name pic x(01).

10 filler pic x(02).

10 in-birthdate.

15 in-birth-yy pic x(02).

15 in-birth-mm pic x(02).

15 in-birth-dd pic x(02).

10 filler pic x(08).

01 in-header-record redefines in-scores-record.

05 filler pic x(33).

05 in-header-title.

10 in-header-level pic x(02).

10 in-header-date.

15 in-header-year pic 9(02).

15 in-header-month pic 9(02).

15 in-header-day pic 9(02).

05 in-number pic x(05).

05 filler pic x(55).

01 in-cum-record redefines in-scores-record.

05 filler pic x(11).

05 in-cum-mean pic 999v99.

05 in-cum-max-score pic 9(03).

05 in-cum-lo-score pic 9(03).

05 in-cum-hi-score pic 9(03).

05 in-cum-avg-percent pic 99v99.

05 filler pic x(71).

T0000000000 8078100 47 998078
 A0000000000 1012 13 4 137781
 B0000000000 588 7 1 78397
 C0000000000 1421 17 6 178356
 D0000000000 2254 28 8 288049
 E0000000000 1990 25 9 257959
 F0000000000 473 6 1 67875
 G0000000000 342 4 0 48552
 TNY1H113400 8878100 78 958878
 ANY1H113400 1089 13 9 138376
 BNY1H113400 667 7 6 79524
 CNY1H113400 1511 17 12 178889
 DNY1H113400 2467 28 20 278810
 ENY1H113400 2244 25 20 248978
 FNY1H113400 533 6 4 68889
 GNY1H113400 367 4 2 49167
 -NY1H1134001015163 0 95 11 6 17 27 24 6 4 0 95 0 BATTINI DAVID P 420302
 -NY1H1134001188950 0 90 12 7 16 23 23 5 4 0 90 0 BISCAY MELISSA A 710702
 -NY1H1134001062359 0 90 11 7 15 25 22 6 4 0 90 0 CHENEY JO A 500507
 -NY1H1134001259915 0 78 9 7 12 20 23 5 2 0 78 0 DAVIS AYERONDEC 730501
 -NY1H1134001343886 0 86 12 6 14 24 20 6 4 0 86 0 GIPSON LINETTE A 811109
 -NY1H1134001143566 0 93 13 7 15 27 23 5 3 0 93 0 JOHNSON PATRICK 660525
 -NY1H1134001322682 0 87 10 7 15 25 22 4 4 0 87 0 PORT JACQUELIC 570503
 -NY1H1134001326330 0 90 11 6 15 26 22 6 4 0 90 0 RYNEARSON TIFFANY L 851029
 -NY1H1134001239514 0 90 9 7 17 25 23 5 4 0 90 0 TIFFANY CHRISTOPM 740627
 TNY1H122089 8100100 81 818100
 ANY1H122089 1100 13 11 118462
 BNY1H122089 600 7 6 68571
 CNY1H122089 1100 17 11 116471
 DNY1H122089 2300 28 23 238214
 ENY1H122089 2100 25 21 218400
 FNY1H122089 500 6 5 58333
 GNY1H122089 400 4 4 49999
 -NY1H1220891346168 0 81 11 6 11 23 21 5 4 0 81 0 COOK EDWARD G 650219
 TNY1H122156 7200100 72 727200
 ANY1H122156 900 13 9 96923
 BNY1H122156 400 7 4 45714
 CNY1H122156 1600 17 16 169412
 DNY1H122156 1900 28 19 196786
 ENY1H122156 1700 25 17 176800
 FNY1H122156 300 6 3 35000
 GNY1H122156 400 4 4 49999
 -NY1H1221561051648 0 72 9 4 16 19 17 3 4 0 72 0 SULLIVAN KEVIN J 531228
 TNY1H122159 8521100 62 988521
 ANY1H122159 1083 13 7 138333
 BNY1H122159 600 7 3 78571
 CNY1H122159 1508 17 11 178873
 DNY1H122159 2438 28 15 278705
 ENY1H122159 2029 25 15 258117
 FNY1H122159 492 6 3 68194
 GNY1H122159 371 4 2 49271
 -NY1H1221591311243 0 88 11 5 16 24 24 5 3 0 88 0 BELL SEAN M 830311
 -NY1H1221591300212 0 81 11 5 15 25 16 6 3 0 81 0 BUTTIGIEG MICHAEL G 791121

Attachment 15
Sample of Examination Results

Form Number 2760306

Tested 05/18/2006

Sponsor - FDNY EMS ACADEMY

Course # 086032

Course Type PARAMEDIC ORIGINAL

ID Number	Birthdate	Name	Total 225	BASIC 75	PREP 33	AIR 9	PAT A 7	TRAUMA 19	MED EMER 39	CARDIO 30	SP CON 10	OPS 3	Basic % Score P/F	Adv % Score P/F
000000000000000000	00000000	John Doe	193.00	68.00	31.00	9.00	7.00	15.00	29.00	23.00	8.00	3.00	90.00 P	83.00 P
000000000000000000	00000000	Jane Smith	189.00	70.00	27.00	9.00	7.00	14.00	28.00	24.00	7.00	3.00	93.00 P	79.00 P
000000000000000000	00000000	Robert Johnson	206.00	75.00	26.00	8.00	7.00	16.00	35.00	26.00	10.00	3.00	100.00 P	87.00 P
000000000000000000	00000000	Michael Williams	212.00	71.00	33.00	8.00	6.00	17.00	37.00	28.00	9.00	3.00	94.00 P	94.00 P
000000000000000000	00000000	David Brown	187.00	68.00	28.00	8.00	6.00	14.00	32.00	21.00	8.00	2.00	90.00 P	79.00 P
000000000000000000	00000000	Elizabeth Davis	205.00	69.00	31.00	9.00	7.00	18.00	34.00	26.00	9.00	2.00	92.00 P	90.00 P
000000000000000000	00000000	Christopher Wilson	216.00	75.00	29.00	9.00	7.00	19.00	36.00	28.00	10.00	3.00	100.00 P	94.00 P
000000000000000000	00000000	Stephanie Moore	196.00	74.00	24.00	8.00	6.00	17.00	32.00	23.00	9.00	3.00	98.00 P	81.00 P
000000000000000000	00000000	Anthony Lopez	212.00	73.00	29.00	9.00	7.00	19.00	36.00	26.00	10.00	3.00	97.00 P	92.00 P
000000000000000000	00000000	Michelle Garcia	220.00	75.00	33.00	9.00	7.00	19.00	36.00	29.00	9.00	3.00	100.00 P	96.00 P
000000000000000000	00000000	Kevin Martinez	198.00	68.00	25.00	9.00	6.00	14.00	36.00	28.00	10.00	3.00	90.00 P	87.00 P
000000000000000000	00000000	Angela White	199.00	70.00	28.00	9.00	7.00	15.00	32.00	25.00	10.00	3.00	93.00 P	86.00 P
000000000000000000	00000000	James Hill	204.00	73.00	28.00	9.00	7.00	18.00	32.00	27.00	7.00	3.00	97.00 P	87.00 P
000000000000000000	00000000	Robert Adams	185.00	70.00	26.00	7.00	6.00	16.00	30.00	21.00	7.00	2.00	93.00 P	76.00 P
000000000000000000	00000000	Emily Baker	203.00	74.00	31.00	8.00	7.00	17.00	29.00	24.00	9.00	3.00	98.00 P	85.00 P
000000000000000000	00000000	Christopher Evans	184.00	71.00	24.00	7.00	6.00	13.00	29.00	24.00	8.00	2.00	94.00 P	75.00 P
000000000000000000	00000000	Stephanie Green	197.00	68.00	25.00	8.00	7.00	18.00	32.00	26.00	10.00	3.00	90.00 P	86.00 P
000000000000000000	00000000	Christopher White	198.00	71.00	26.00	9.00	7.00	17.00	31.00	26.00	9.00	2.00	94.00 P	84.00 P
000000000000000000	00000000	Elizabeth Hill	212.00	74.00	30.00	9.00	7.00	18.00	36.00	27.00	9.00	2.00	98.00 P	92.00 P
000000000000000000	00000000	Christopher Adams	216.00	73.00	30.00	9.00	6.00	19.00	37.00	29.00	10.00	3.00	97.00 P	95.00 P
000000000000000000	00000000	Christopher Brown	209.00	73.00	31.00	7.00	7.00	17.00	37.00	25.00	10.00	2.00	97.00 P	90.00 P
000000000000000000	00000000	Christopher Green	219.00	74.00	31.00	9.00	7.00	19.00	37.00	29.00	10.00	3.00	98.00 P	96.00 P
000000000000000000	00000000	Christopher White	194.00	67.00	29.00	8.00	7.00	14.00	32.00	25.00	9.00	3.00	89.00 P	84.00 P

Chief James P Martin
FDNY EMS Academy
325 Pratt Avenue
Fort Totten
Bayside, NY 11359

Form Number 2350306 : EMT

Tested 05/18/2006

Sponsor - AMSTERDAM MEMORIAL HOSPITAL

Course # 026096

Group data based on 13 candidate(s).

Topic Name	Max Raw Score	Range of Raw Scores	Avg Raw Score	Standard Deviation	Average Percent Score
TOTAL	100	94 - 69	82.23	7.41	82.23
PREPARATORY	12	12 - 8	10.38	1.85	86.54
AIRWAY	9	9 - 7	8.15	0.90	90.60
PATIENT ASSESSMENT	5	5 - 4	4.46	0.52	89.23
MEDICAL EMERGENCIES	21	21 - 16	18.77	1.96	89.38
TRAUMA	32	30 - 17	24.31	3.73	75.96
INFANTS/CHILDREN	8	8 - 5	6.38	0.96	79.81
OPERATIONS	3	3 - 1	2.54	0.66	84.62
CPR	10	9 - 4	7.23	1.54	72.31

For ALB NY CRITICAL CARE Examinations

05/01/06 to 06/01/06

REPEAT data based on 2 candidate(s).

Topic Name	Max Raw Score	Range of Raw Scores	Avg Raw Score	Standard Deviation	Average Percent
AIRWAY	11	9 to 10	9.00	0.71	81.82 %
BASIC EMT	75	63 to 64	63.00	0.71	84.00 %
CARDIOVASCULAR	24	15 to 20	17.00	3.54	70.83 %
MEDICAL EMERGENCIES	20	13 to 19	16.00	4.24	80.00 %
PATIENT ASSESSMENT	13	11 to 12	11.00	0.71	84.62 %
PREPARATORY	21	13 to 16	14.00	2.12	66.67 %
SPECIAL CONSIDERATIONS	16	12 to 12	12.00	0.00	75.00 %
TRAUMA	20	12 to 13	12.00	0.71	60.00 %

PASSING and FAILING Counts	N	%
Number of Candidates PASSING	2	100.0 %
Number of Candidates FAILING	0	0.0 %
TOTAL Number of Candidates	2	100.0 %

Attachment 16
Course Sponsor Report Sample

Form Number 2350306 : EMT

Tested 05/18/2006

Sponsor - AMSTERDAM MEMORIAL HOSPITAL

Course # 026096

Group data based on 13 candidate(s).

Topic Name	Max Raw Score	Range of Raw Scores	Avg Raw Score	Standard Deviation	Average Percent Score
TOTAL	100	94 - 69	82.23	7.41	82.23
PREPARATORY	12	12 - 8	10.38	1.85	86.54
AIRWAY	9	9 - 7	8.15	0.90	90.60
PATIENT ASSESSMENT	5	5 - 4	4.46	0.52	89.23
MEDICAL EMERGENCIES	21	21 - 16	18.77	1.96	89.38
TRAUMA	32	30 - 17	24.31	3.73	75.96
INFANTS/CHILDREN	8	8 - 5	6.38	0.96	79.81
OPERATIONS	3	3 - 1	2.54	0.66	84.62
CPR	10	9 - 4	7.23	1.54	72.31

**Attachment 17
Annual Reports**

ALBANY COUNTY - SUMMARY BY COUNTY - 1st Timers

ALBANY COUNTY DATA BASED ON 68 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	48 - 98	75.88	9.91	75.88%
INTRODUCTION	13	5 - 13	10.99	1.62	84.50%
AIRWAY	7	1 - 7	5.06	1.48	72.27%
PATIENT ASSESSMENT	17	8 - 17	13.87	2.05	81.57%
MEDICINE	28	13 - 28	22.29	3.54	79.62%
TRAUMA/SHOCK/RESUSCITATION	25	7 - 25	16.81	3.20	67.24%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.21	1.22	70.10%
EMS OPERATIONS	4	0 - 4	2.66	0.92	66.54%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	51	75.00
Number of Candidates FAILING	17	25.00
TOTAL Number of Candidates	68	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ALBANY COUNTY- DATA BASED ON 39 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	48 - 87	74.13	9.70	74.13%
INTRODUCTION	13	5 - 13	10.74	1.74	82.64%
AIRWAY	7	1 - 7	5.00	1.34	71.43%
PATIENT ASSESSMENT	17	8 - 17	13.56	2.17	79.79%
MEDICINE	28	13 - 27	21.97	3.50	78.48%
TRAUMA/SHOCK/RESUSCITATION	25	7 - 22	16.33	3.33	65.33%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.10	1.24	68.38%
EMS OPERATIONS	4	0 - 4	2.41	0.98	60.26%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	28	71.79
Number of Candidates FAILING	11	28.21
TOTAL Number of Candidates	39	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ALBANY COUNTY- DATA BASED ON 29 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	53 - 98	78.24	9.70	78.24%
INTRODUCTION	13	8 - 13	11.31	1.39	87.00%
AIRWAY	7	2 - 7	5.14	1.66	73.40%
PATIENT ASSESSMENT	17	10 - 17	14.28	1.80	83.98%
MEDICINE	28	14 - 28	22.72	3.55	81.16%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 25	17.45	2.90	69.79%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.34	1.18	72.41%
EMS OPERATIONS	4	2 - 4	3.00	0.69	75.00%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	23	79.31			
Number of Candidates FAILING	6	20.69			
TOTAL Number of Candidates	29	100.00			
=====					

ALLEGANY COUNTY - SUMMARY BY COUNTY - 1st Timers

ALLEGANY COUNTY DATA BASED ON 14 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	66 - 93	78.57	7.35	78.57%
INTRODUCTION	13	9 - 13	10.93	1.39	84.07%
AIRWAY	7	2 - 7	5.21	1.52	74.49%
PATIENT ASSESSMENT	17	10 - 17	13.71	2.12	80.67%
MEDICINE	28	16 - 26	21.57	2.77	77.04%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 22	18.64	2.61	74.57%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.93	0.96	82.14%
EMS OPERATIONS	4	3 - 4	3.57	0.49	89.29%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	78.57
Number of Candidates FAILING	3	21.43
TOTAL Number of Candidates	14	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ALLEGANY COUNTY- DATA BASED ON 14 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	66 - 93	78.57	7.35	78.57%
INTRODUCTION	13	9 - 13	10.93	1.39	84.07%
AIRWAY	7	2 - 7	5.21	1.52	74.49%
PATIENT ASSESSMENT	17	10 - 17	13.71	2.12	80.67%
MEDICINE	28	16 - 26	21.57	2.77	77.04%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 22	18.64	2.61	74.57%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.93	0.96	82.14%
EMS OPERATIONS	4	3 - 4	3.57	0.49	89.29%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	78.57
Number of Candidates FAILING	3	21.43
TOTAL Number of Candidates	14	100.00

BRONX COUNTY - SUMMARY BY COUNTY - 1st Timers

BRONX COUNTY DATA BASED ON 71 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	39 - 94	74.15	10.46	74.15%
INTRODUCTION	13	5 - 13	10.34	1.59	79.52%
AIRWAY	7	2 - 7	4.96	1.34	70.82%
PATIENT ASSESSMENT	17	8 - 17	13.79	2.17	81.11%
MEDICINE	28	8 - 28	22.00	4.04	78.57%
TRAUMA/SHOCK/RESUSCITATION	25	7 - 24	16.86	2.94	67.44%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.99	1.22	66.43%
EMS OPERATIONS	4	0 - 4	2.23	1.04	55.63%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	54	76.06
Number of Candidates FAILING	17	23.94
TOTAL Number of Candidates	71	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

BRONX COUNTY- DATA BASED ON 56 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	39 - 92	72.75	10.50	72.75%
INTRODUCTION	13	5 - 13	10.04	1.58	77.20%
AIRWAY	7	2 - 7	4.91	1.30	70.15%
PATIENT ASSESSMENT	17	8 - 17	13.73	2.13	80.78%
MEDICINE	28	8 - 28	21.59	4.17	77.10%
TRAUMA/SHOCK/RESUSCITATION	25	7 - 21	16.50	2.90	66.00%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.79	1.19	63.10%
EMS OPERATIONS	4	0 - 4	2.20	1.03	54.91%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	41	73.21
Number of Candidates FAILING	15	26.79
TOTAL Number of Candidates	56	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

BRONX COUNTY- DATA BASED ON 15 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	62 - 94	79.40	8.44	79.40%
INTRODUCTION	13	10 - 13	11.47	1.02	88.21%
AIRWAY	7	2 - 7	5.13	1.45	73.33%
PATIENT ASSESSMENT	17	10 - 17	14.00	2.28	82.35%
MEDICINE	28	18 - 28	23.53	3.07	84.05%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 24	18.20	2.71	72.80%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.73	1.00	78.89%
EMS OPERATIONS	4	1 - 4	2.33	1.07	58.33%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	13	86.67
Number of Candidates FAILING	2	13.33
TOTAL Number of Candidates	15	100.00

BROOME COUNTY - SUMMARY BY COUNTY - 1st Timers

BROOME COUNTY DATA BASED ON 59 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	52 - 93	76.22	9.51	76.22%
INTRODUCTION	13	5 - 13	10.93	1.61	84.09%
AIRWAY	7	2 - 7	5.25	1.44	75.06%
PATIENT ASSESSMENT	17	7 - 17	14.03	2.38	82.55%
MEDICINE	28	12 - 28	21.69	3.78	77.48%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 22	17.88	2.29	71.53%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.02	1.08	66.95%
EMS OPERATIONS	4	0 - 4	2.41	1.03	60.17%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	47	79.66
Number of Candidates FAILING	12	20.34
TOTAL Number of Candidates	59	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

BROOME COUNTY- DATA BASED ON 51 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	52 - 90	74.82	9.24	74.82%
INTRODUCTION	13	5 - 13	10.78	1.62	82.96%
AIRWAY	7	2 - 7	5.10	1.46	72.83%
PATIENT ASSESSMENT	17	7 - 17	13.82	2.42	81.31%
MEDICINE	28	12 - 27	21.22	3.72	75.77%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 22	17.69	2.35	70.75%
SPECIAL PATIENT POPULATIONS	6	2 - 6	3.96	1.08	66.01%
EMS OPERATIONS	4	0 - 4	2.25	0.99	56.37%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	39	76.47
Number of Candidates FAILING	12	23.53
TOTAL Number of Candidates	51	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

BROOME COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	77 - 93	85.12	5.56	85.12%
INTRODUCTION	13	10 - 13	11.88	1.17	91.35%
AIRWAY	7	5 - 7	6.25	0.83	89.29%
PATIENT ASSESSMENT	17	13 - 17	15.38	1.49	90.44%
MEDICINE	28	21 - 28	24.75	2.54	88.39%
TRAUMA/SHOCK/RESUSCITATION	25	18 - 21	19.12	1.27	76.50%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.38	0.99	72.92%
EMS OPERATIONS	4	2 - 4	3.38	0.70	84.38%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	8	100.00

CATTARAUGUS COUNTY - SUMMARY BY COUNTY - 1st Timers

CATTARAUGUS COUNTY DATA BASED ON 43 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	50 - 96	76.16	11.50	76.16%
INTRODUCTION	13	7 - 13	11.05	1.45	84.97%
AIRWAY	7	2 - 7	5.30	1.32	75.75%
PATIENT ASSESSMENT	17	7 - 17	12.77	2.74	75.10%
MEDICINE	28	13 - 28	21.81	3.93	77.91%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 23	18.07	3.06	72.28%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.23	1.10	70.54%
EMS OPERATIONS	4	0 - 4	2.93	1.04	73.26%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	33	76.74
Number of Candidates FAILING	10	23.26
TOTAL Number of Candidates	43	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

CATTARAUGUS COUNTY- DATA BASED ON 18 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	50 - 93	70.83	11.56	70.83%
INTRODUCTION	13	7 - 13	10.22	1.69	78.63%
AIRWAY	7	3 - 7	5.22	1.31	74.60%
PATIENT ASSESSMENT	17	7 - 17	11.72	3.03	68.95%
MEDICINE	28	14 - 27	20.22	3.54	72.22%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 22	16.89	3.65	67.56%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.00	1.00	66.67%
EMS OPERATIONS	4	0 - 4	2.56	1.07	63.89%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	61.11
Number of Candidates FAILING	7	38.89
TOTAL Number of Candidates	18	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

CATTARAUGUS COUNTY- DATA BASED ON 25 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	57 - 96	80.00	9.80	80.00%
INTRODUCTION	13	10 - 13	11.64	0.84	89.54%
AIRWAY	7	2 - 7	5.36	1.32	76.57%
PATIENT ASSESSMENT	17	10 - 17	13.52	2.21	79.53%
MEDICINE	28	13 - 28	22.96	3.80	82.00%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 23	18.92	2.19	75.68%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.40	1.13	73.33%
EMS OPERATIONS	4	1 - 4	3.20	0.94	80.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	22	88.00
Number of Candidates FAILING	3	12.00
TOTAL Number of Candidates	25	100.00

CAYUGA COUNTY - SUMMARY BY COUNTY - 1st Timers

CAYUGA COUNTY DATA BASED ON 19 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	64 - 91	81.47	7.44	81.47%
INTRODUCTION	13	10 - 13	11.63	1.04	89.47%
AIRWAY	7	4 - 7	5.84	0.81	83.46%
PATIENT ASSESSMENT	17	10 - 17	14.05	1.82	82.66%
MEDICINE	28	14 - 28	23.37	3.06	83.46%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 24	19.05	2.44	76.21%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.58	0.88	76.32%
EMS OPERATIONS	4	1 - 4	2.95	0.94	73.68%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	17	89.47			
Number of Candidates FAILING	2	10.53			
TOTAL Number of Candidates	19	100.00			
=====					

Course - BASIC REFRESHER - SUMMARY BY LEVEL

CAYUGA COUNTY- DATA BASED ON 19 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	64 - 91	81.47	7.44	81.47%
INTRODUCTION	13	10 - 13	11.63	1.04	89.47%
AIRWAY	7	4 - 7	5.84	0.81	83.46%
PATIENT ASSESSMENT	17	10 - 17	14.05	1.82	82.66%
MEDICINE	28	14 - 28	23.37	3.06	83.46%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 24	19.05	2.44	76.21%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.58	0.88	76.32%
EMS OPERATIONS	4	1 - 4	2.95	0.94	73.68%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	17	89.47			
Number of Candidates FAILING	2	10.53			
TOTAL Number of Candidates	19	100.00			
=====					

CHAUTAUQUA COUNTY - SUMMARY BY COUNTY - 1st Timers

CHAUTAUQUA COUNTY DATA BASED ON 39 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	51 - 89	74.90	8.97	74.90%
INTRODUCTION	13	6 - 13	10.95	1.55	84.22%
AIRWAY	7	2 - 7	5.10	1.30	72.89%
PATIENT ASSESSMENT	17	10 - 16	13.46	1.72	79.19%
MEDICINE	28	6 - 28	20.77	3.85	74.18%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 21	17.59	2.00	70.36%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.49	0.96	74.79%
EMS OPERATIONS	4	0 - 4	2.54	0.93	63.46%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	26	66.67
Number of Candidates FAILING	13	33.33
TOTAL Number of Candidates	39	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

CHAUTAUQUA COUNTY- DATA BASED ON 39 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	51 - 89	74.90	8.97	74.90%
INTRODUCTION	13	6 - 13	10.95	1.55	84.22%
AIRWAY	7	2 - 7	5.10	1.30	72.89%
PATIENT ASSESSMENT	17	10 - 16	13.46	1.72	79.19%
MEDICINE	28	6 - 28	20.77	3.85	74.18%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 21	17.59	2.00	70.36%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.49	0.96	74.79%
EMS OPERATIONS	4	0 - 4	2.54	0.93	63.46%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	26	66.67
Number of Candidates FAILING	13	33.33
TOTAL Number of Candidates	39	100.00

DUTCHESS COUNTY - SUMMARY BY COUNTY - 1st Timers

DUTCHESS COUNTY DATA BASED ON 42 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	50 - 94	76.02	11.07	76.02%
INTRODUCTION	13	5 - 13	10.60	1.71	81.50%
AIRWAY	7	2 - 7	5.43	1.29	77.55%
PATIENT ASSESSMENT	17	7 - 17	14.10	2.41	82.91%
MEDICINE	28	15 - 28	22.45	3.75	80.19%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 23	16.81	3.16	67.24%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.14	1.15	69.05%
EMS OPERATIONS	4	0 - 4	2.50	0.98	62.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	32	76.19
Number of Candidates FAILING	10	23.81
TOTAL Number of Candidates	42	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

DUTCHESS COUNTY- DATA BASED ON 34 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	50 - 94	75.82	11.41	75.82%
INTRODUCTION	13	5 - 13	10.53	1.80	81.00%
AIRWAY	7	2 - 7	5.53	1.29	78.99%
PATIENT ASSESSMENT	17	7 - 17	14.15	2.52	83.22%
MEDICINE	28	15 - 28	22.29	3.57	79.62%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 23	16.71	3.37	66.82%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.15	1.14	69.12%
EMS OPERATIONS	4	0 - 4	2.47	1.06	61.76%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	26	76.47
Number of Candidates FAILING	8	23.53
TOTAL Number of Candidates	34	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

DUTCHESS COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	58 - 87	76.88	9.48	76.88%
INTRODUCTION	13	9 - 13	10.88	1.17	83.65%
AIRWAY	7	3 - 7	5.00	1.22	71.43%
PATIENT ASSESSMENT	17	10 - 16	13.88	1.83	81.62%
MEDICINE	28	16 - 27	23.12	4.37	82.59%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 20	17.25	2.05	69.00%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.12	1.17	68.75%
EMS OPERATIONS	4	2 - 3	2.62	0.48	65.62%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	75.00
Number of Candidates FAILING	2	25.00
TOTAL Number of Candidates	8	100.00

ERIE COUNTY - SUMMARY BY COUNTY - 1st Timers

ERIE COUNTY DATA BASED ON 131 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	30 - 97	76.11	10.42	76.11%
INTRODUCTION	13	6 - 13	11.01	1.61	84.67%
AIRWAY	7	0 - 7	4.77	1.40	68.16%
PATIENT ASSESSMENT	17	2 - 17	13.48	2.19	79.30%
MEDICINE	28	9 - 28	22.38	3.63	79.93%
TRAUMA/SHOCK/RESUSCITATION	25	4 - 23	17.34	3.11	69.37%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.28	1.19	71.37%
EMS OPERATIONS	4	0 - 4	2.84	0.94	70.99%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	104	79.39
Number of Candidates FAILING	27	20.61
TOTAL Number of Candidates	131	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ERIE COUNTY- DATA BASED ON 73 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	30 - 94	74.18	11.63	74.18%
INTRODUCTION	13	6 - 13	10.73	1.67	82.51%
AIRWAY	7	0 - 7	4.60	1.52	65.75%
PATIENT ASSESSMENT	17	2 - 17	13.53	2.39	79.61%
MEDICINE	28	9 - 28	21.66	4.03	77.35%
TRAUMA/SHOCK/RESUSCITATION	25	4 - 23	16.90	3.43	67.62%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.14	1.29	68.95%
EMS OPERATIONS	4	0 - 4	2.62	1.04	65.41%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	54	73.97
Number of Candidates FAILING	19	26.03
TOTAL Number of Candidates	73	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ERIE COUNTY- DATA BASED ON 58 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	58 - 97	78.53	8.02	78.53%
INTRODUCTION	13	7 - 13	11.36	1.46	87.40%
AIRWAY	7	2 - 7	4.98	1.20	71.18%
PATIENT ASSESSMENT	17	10 - 17	13.41	1.90	78.90%
MEDICINE	28	15 - 28	23.29	2.80	83.19%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 23	17.90	2.56	71.59%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.47	1.02	74.43%
EMS OPERATIONS	4	1 - 4	3.12	0.70	78.02%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	50	86.21
Number of Candidates FAILING	8	13.79
TOTAL Number of Candidates	58	100.00

GENESEE COUNTY - SUMMARY BY COUNTY - 1st Timers

GENESEE COUNTY DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	93 - 93	93.00	0.00	93.00%
INTRODUCTION	13	12 - 12	12.00	0.00	92.31%
AIRWAY	7	7 - 7	7.00	0.00	100.00%
PATIENT ASSESSMENT	17	16 - 16	16.00	0.00	94.12%
MEDICINE	28	27 - 27	27.00	0.00	96.43%
TRAUMA/SHOCK/RESUSCITATION	25	22 - 22	22.00	0.00	88.00%
SPECIAL PATIENT POPULATIONS	6	5 - 5	5.00	0.00	83.33%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	1	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

GENESEE COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	93 - 93	93.00	0.00	93.00%
INTRODUCTION	13	12 - 12	12.00	0.00	92.31%
AIRWAY	7	7 - 7	7.00	0.00	100.00%
PATIENT ASSESSMENT	17	16 - 16	16.00	0.00	94.12%
MEDICINE	28	27 - 27	27.00	0.00	96.43%
TRAUMA/SHOCK/RESUSCITATION	25	22 - 22	22.00	0.00	88.00%
SPECIAL PATIENT POPULATIONS	6	5 - 5	5.00	0.00	83.33%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	1	100.00

GREENE COUNTY - SUMMARY BY COUNTY - 1st Timers

GREENE COUNTY DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	85 - 85	85.00	0.00	85.00%
INTRODUCTION	13	12 - 12	12.00	0.00	92.31%
AIRWAY	7	6 - 6	6.00	0.00	85.71%
PATIENT ASSESSMENT	17	15 - 15	15.00	0.00	88.24%
MEDICINE	28	27 - 27	27.00	0.00	96.43%
TRAUMA/SHOCK/RESUSCITATION	25	18 - 18	18.00	0.00	72.00%
SPECIAL PATIENT POPULATIONS	6	3 - 3	3.00	0.00	50.00%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	1	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

GREENE COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	85 - 85	85.00	0.00	85.00%
INTRODUCTION	13	12 - 12	12.00	0.00	92.31%
AIRWAY	7	6 - 6	6.00	0.00	85.71%
PATIENT ASSESSMENT	17	15 - 15	15.00	0.00	88.24%
MEDICINE	28	27 - 27	27.00	0.00	96.43%
TRAUMA/SHOCK/RESUSCITATION	25	18 - 18	18.00	0.00	72.00%
SPECIAL PATIENT POPULATIONS	6	3 - 3	3.00	0.00	50.00%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	1	100.00

HERKIMER COUNTY - SUMMARY BY COUNTY - 1st Timers

HERKIMER COUNTY DATA BASED ON 36 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 93	77.42	8.57	77.42%
INTRODUCTION	13	7 - 13	11.56	1.44	88.89%
AIRWAY	7	3 - 7	5.22	1.16	74.60%
PATIENT ASSESSMENT	17	9 - 17	13.72	1.77	80.72%
MEDICINE	28	14 - 28	22.67	3.09	80.95%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 22	18.06	2.46	72.22%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.89	1.20	64.81%
EMS OPERATIONS	4	1 - 4	2.31	0.94	57.64%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	29	80.56
Number of Candidates FAILING	7	19.44
TOTAL Number of Candidates	36	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

HERKIMER COUNTY- DATA BASED ON 28 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 91	74.86	7.86	74.86%
INTRODUCTION	13	7 - 13	11.25	1.48	86.54%
AIRWAY	7	3 - 7	4.93	1.03	70.41%
PATIENT ASSESSMENT	17	9 - 17	13.36	1.80	78.57%
MEDICINE	28	14 - 27	21.93	3.01	78.32%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 22	17.57	2.43	70.29%
SPECIAL PATIENT POPULATIONS	6	1 - 5	3.61	1.08	60.12%
EMS OPERATIONS	4	1 - 4	2.21	0.98	55.36%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	21	75.00
Number of Candidates FAILING	7	25.00
TOTAL Number of Candidates	28	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

HERKIMER COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	83 - 93	86.38	3.35	86.38%
INTRODUCTION	13	12 - 13	12.62	0.48	97.12%
AIRWAY	7	4 - 7	6.25	0.97	89.29%
PATIENT ASSESSMENT	17	14 - 16	15.00	0.87	88.24%
MEDICINE	28	23 - 28	25.25	1.64	90.18%
TRAUMA/SHOCK/RESUSCITATION	25	17 - 22	19.75	1.71	79.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.88	1.05	81.25%
EMS OPERATIONS	4	2 - 4	2.62	0.70	65.62%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	8	100.00

JEFFERSON COUNTY - SUMMARY BY COUNTY - 1st Timers

JEFFERSON COUNTY DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	73 - 86	80.00	5.22	80.00%
INTRODUCTION	13	10 - 12	11.40	0.80	87.69%
AIRWAY	7	3 - 7	5.60	1.36	80.00%
PATIENT ASSESSMENT	17	13 - 16	14.20	1.17	83.53%
MEDICINE	28	18 - 24	21.20	2.64	75.71%
TRAUMA/SHOCK/RESUSCITATION	25	17 - 21	18.40	1.36	73.60%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.20	0.75	86.67%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	5	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	5	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

JEFFERSON COUNTY- DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	73 - 86	80.00	5.22	80.00%
INTRODUCTION	13	10 - 12	11.40	0.80	87.69%
AIRWAY	7	3 - 7	5.60	1.36	80.00%
PATIENT ASSESSMENT	17	13 - 16	14.20	1.17	83.53%
MEDICINE	28	18 - 24	21.20	2.64	75.71%
TRAUMA/SHOCK/RESUSCITATION	25	17 - 21	18.40	1.36	73.60%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.20	0.75	86.67%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	5	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	5	100.00

KINGS COUNTY - SUMMARY BY COUNTY - 1st Timers

KINGS COUNTY DATA BASED ON 111 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	54 - 94	77.28	8.65	77.28%
INTRODUCTION	13	8 - 13	11.28	1.38	86.76%
AIRWAY	7	2 - 7	5.40	1.30	77.09%
PATIENT ASSESSMENT	17	10 - 17	14.25	1.72	83.84%
MEDICINE	28	13 - 28	22.23	3.32	79.41%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 24	17.08	2.76	68.32%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.35	0.99	72.52%
EMS OPERATIONS	4	0 - 4	2.68	0.99	67.12%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	91	81.98
Number of Candidates FAILING	20	18.02
TOTAL Number of Candidates	111	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

KINGS COUNTY- DATA BASED ON 83 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	54 - 94	77.98	8.33	77.98%
INTRODUCTION	13	8 - 13	11.40	1.33	87.67%
AIRWAY	7	2 - 7	5.53	1.23	79.00%
PATIENT ASSESSMENT	17	10 - 17	14.47	1.59	85.12%
MEDICINE	28	13 - 28	22.22	3.19	79.35%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 24	17.33	2.68	69.30%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.37	1.04	72.89%
EMS OPERATIONS	4	0 - 4	2.66	1.02	66.57%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	71	85.54
Number of Candidates FAILING	12	14.46
TOTAL Number of Candidates	83	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

KINGS COUNTY- DATA BASED ON 28 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	60 - 91	75.21	9.22	75.21%
INTRODUCTION	13	8 - 13	10.93	1.44	84.07%
AIRWAY	7	2 - 7	5.00	1.41	71.43%
PATIENT ASSESSMENT	17	10 - 17	13.61	1.90	80.04%
MEDICINE	28	15 - 28	22.29	3.66	79.59%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 22	16.36	2.84	65.43%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.29	0.84	71.43%
EMS OPERATIONS	4	1 - 4	2.75	0.87	68.75%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	20	71.43
Number of Candidates FAILING	8	28.57
TOTAL Number of Candidates	28	100.00

LIVINGSTON COUNTY - SUMMARY BY COUNTY - 1st Timers

LIVINGSTON COUNTY DATA BASED ON 17 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	59 - 91	73.24	8.99	73.24%
INTRODUCTION	13	7 - 13	10.76	1.77	82.81%
AIRWAY	7	2 - 7	5.12	1.41	73.11%
PATIENT ASSESSMENT	17	10 - 17	14.24	1.93	83.74%
MEDICINE	28	14 - 27	20.35	3.80	72.69%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 21	16.41	2.66	65.65%
SPECIAL PATIENT POPULATIONS	6	2 - 5	3.88	0.96	64.71%
EMS OPERATIONS	4	0 - 4	2.47	1.09	61.76%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	10	58.82
Number of Candidates FAILING	7	41.18
TOTAL Number of Candidates	17	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

LIVINGSTON COUNTY- DATA BASED ON 14 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	59 - 91	74.29	9.04	74.29%
INTRODUCTION	13	7 - 13	10.57	1.88	81.32%
AIRWAY	7	2 - 7	5.07	1.44	72.45%
PATIENT ASSESSMENT	17	10 - 17	14.57	1.95	85.71%
MEDICINE	28	14 - 27	20.71	3.84	73.98%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 21	17.21	2.01	68.86%
SPECIAL PATIENT POPULATIONS	6	2 - 5	3.86	0.99	64.29%
EMS OPERATIONS	4	0 - 4	2.29	1.10	57.14%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	9	64.29
Number of Candidates FAILING	5	35.71
TOTAL Number of Candidates	14	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

LIVINGSTON COUNTY- DATA BASED ON 3 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	62 - 78	68.33	6.94	68.33%
INTRODUCTION	13	11 - 12	11.67	0.47	89.74%
AIRWAY	7	4 - 7	5.33	1.25	76.19%
PATIENT ASSESSMENT	17	12 - 13	12.67	0.47	74.51%
MEDICINE	28	16 - 23	18.67	3.09	66.67%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 15	12.67	2.05	50.67%
SPECIAL PATIENT POPULATIONS	6	3 - 5	4.00	0.82	66.67%
EMS OPERATIONS	4	3 - 4	3.33	0.47	83.33%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	33.33
Number of Candidates FAILING	2	66.67
TOTAL Number of Candidates	3	100.00

MONROE COUNTY - SUMMARY BY COUNTY - 1st Timers

MONROE COUNTY DATA BASED ON 60 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	63 - 95	81.88	7.28	81.88%
INTRODUCTION	13	9 - 13	11.63	1.11	89.49%
AIRWAY	7	2 - 7	5.93	1.17	84.76%
PATIENT ASSESSMENT	17	10 - 17	14.72	1.85	86.57%
MEDICINE	28	16 - 28	24.17	2.60	86.31%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 23	18.20	2.52	72.80%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.35	1.01	72.50%
EMS OPERATIONS	4	1 - 4	2.88	0.88	72.08%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	55	91.67
Number of Candidates FAILING	5	8.33
TOTAL Number of Candidates	60	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

MONROE COUNTY- DATA BASED ON 34 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	63 - 94	80.82	7.17	80.82%
INTRODUCTION	13	10 - 13	11.44	1.01	88.01%
AIRWAY	7	2 - 7	5.82	1.29	83.19%
PATIENT ASSESSMENT	17	10 - 17	14.74	1.96	86.68%
MEDICINE	28	18 - 27	24.21	2.11	86.45%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 23	17.91	2.80	71.65%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.12	0.99	68.63%
EMS OPERATIONS	4	1 - 4	2.59	0.77	64.71%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	31	91.18
Number of Candidates FAILING	3	8.82
TOTAL Number of Candidates	34	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

MONROE COUNTY- DATA BASED ON 26 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	69 - 95	83.27	7.18	83.27%
INTRODUCTION	13	9 - 13	11.88	1.19	91.42%
AIRWAY	7	4 - 7	6.08	0.96	86.81%
PATIENT ASSESSMENT	17	10 - 17	14.69	1.70	86.43%
MEDICINE	28	16 - 28	24.12	3.12	86.13%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 22	18.58	2.04	74.31%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.65	0.96	77.56%
EMS OPERATIONS	4	1 - 4	3.27	0.86	81.73%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	24	92.31			
Number of Candidates FAILING	2	7.69			
TOTAL Number of Candidates	26	100.00			
=====					

NASSAU COUNTY - SUMMARY BY COUNTY - 1st Timers

NASSAU COUNTY DATA BASED ON 51 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 94	78.69	8.42	78.69%
INTRODUCTION	13	6 - 13	11.18	1.42	85.97%
AIRWAY	7	2 - 7	5.47	1.26	78.15%
PATIENT ASSESSMENT	17	10 - 17	14.51	1.99	85.35%
MEDICINE	28	16 - 28	22.49	3.09	80.32%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 22	17.80	2.34	71.22%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.51	1.21	75.16%
EMS OPERATIONS	4	1 - 4	2.73	0.77	68.14%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	45	88.24			
Number of Candidates FAILING	6	11.76			
TOTAL Number of Candidates	51	100.00			
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Course - BASIC ORIGINAL - SUMMARY BY LEVEL

NASSAU COUNTY- DATA BASED ON 18 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	60 - 91	78.11	7.75	78.11%
INTRODUCTION	13	6 - 13	10.78	1.51	82.91%
AIRWAY	7	2 - 6	4.94	1.31	70.63%
PATIENT ASSESSMENT	17	10 - 17	14.28	1.99	83.99%
MEDICINE	28	17 - 25	22.06	2.63	78.77%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 21	18.39	1.64	73.56%
SPECIAL PATIENT POPULATIONS	6	3 - 6	5.00	0.94	83.33%
EMS OPERATIONS	4	2 - 4	2.67	0.67	66.67%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	16	88.89
Number of Candidates FAILING	2	11.11
TOTAL Number of Candidates	18	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

NASSAU COUNTY- DATA BASED ON 33 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 94	79.00	8.75	79.00%
INTRODUCTION	13	8 - 13	11.39	1.32	87.65%
AIRWAY	7	3 - 7	5.76	1.13	82.25%
PATIENT ASSESSMENT	17	10 - 17	14.64	1.98	86.10%
MEDICINE	28	16 - 28	22.73	3.29	81.17%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 22	17.48	2.60	69.94%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.24	1.26	70.71%
EMS OPERATIONS	4	1 - 4	2.76	0.82	68.94%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	29	87.88
Number of Candidates FAILING	4	12.12
TOTAL Number of Candidates	33	100.00

NIAGARA COUNTY - SUMMARY BY COUNTY - 1st Timers

NIAGARA COUNTY DATA BASED ON 6 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	51 - 87	68.17	12.44	68.17%
INTRODUCTION	13	6 - 11	9.50	1.71	73.08%
AIRWAY	7	1 - 6	3.83	1.77	54.76%
PATIENT ASSESSMENT	17	7 - 17	12.83	3.24	75.49%
MEDICINE	28	13 - 24	19.50	3.40	69.64%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 23	15.67	4.11	62.67%
SPECIAL PATIENT POPULATIONS	6	3 - 4	3.67	0.47	61.11%
EMS OPERATIONS	4	2 - 4	3.17	0.90	79.17%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	3	50.00
Number of Candidates FAILING	3	50.00
TOTAL Number of Candidates	6	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

NIAGARA COUNTY- DATA BASED ON 6 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	51 - 87	68.17	12.44	68.17%
INTRODUCTION	13	6 - 11	9.50	1.71	73.08%
AIRWAY	7	1 - 6	3.83	1.77	54.76%
PATIENT ASSESSMENT	17	7 - 17	12.83	3.24	75.49%
MEDICINE	28	13 - 24	19.50	3.40	69.64%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 23	15.67	4.11	62.67%
SPECIAL PATIENT POPULATIONS	6	3 - 4	3.67	0.47	61.11%
EMS OPERATIONS	4	2 - 4	3.17	0.90	79.17%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	3	50.00
Number of Candidates FAILING	3	50.00
TOTAL Number of Candidates	6	100.00

ONEIDA COUNTY - SUMMARY BY COUNTY - 1st Timers

ONEIDA COUNTY DATA BASED ON 6 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	75 - 90	83.83	5.30	83.83%
INTRODUCTION	13	10 - 13	11.33	1.11	87.18%
AIRWAY	7	6 - 7	6.83	0.37	97.62%
PATIENT ASSESSMENT	17	10 - 17	14.83	2.61	87.25%
MEDICINE	28	20 - 27	23.67	2.29	84.52%
TRAUMA/SHOCK/RESUSCITATION	25	17 - 20	18.00	1.00	72.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.33	0.75	88.89%
EMS OPERATIONS	4	3 - 4	3.83	0.37	95.83%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	6	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ONEIDA COUNTY- DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	75 - 90	83.20	5.60	83.20%
INTRODUCTION	13	10 - 12	11.00	0.89	84.62%
AIRWAY	7	6 - 7	6.80	0.40	97.14%
PATIENT ASSESSMENT	17	10 - 17	14.40	2.65	84.71%
MEDICINE	28	20 - 27	23.40	2.42	83.57%
TRAUMA/SHOCK/RESUSCITATION	25	17 - 20	18.20	0.98	72.80%
SPECIAL PATIENT POPULATIONS	6	5 - 6	5.60	0.49	93.33%
EMS OPERATIONS	4	3 - 4	3.80	0.40	95.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	5	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	5	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ONEIDA COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	87 - 87	87.00	0.00	87.00%
INTRODUCTION	13	13 - 13	13.00	0.00	100.00%
AIRWAY	7	7 - 7	7.00	0.00	100.00%
PATIENT ASSESSMENT	17	17 - 17	17.00	0.00	100.00%
MEDICINE	28	25 - 25	25.00	0.00	89.29%
TRAUMA/SHOCK/RESUSCITATION	25	17 - 17	17.00	0.00	68.00%
SPECIAL PATIENT POPULATIONS	6	4 - 4	4.00	0.00	66.67%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%
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PASSING AND FAILING COUNTS	N	PERCENT			
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Number of Candidates PASSING	1	100.00			
Number of Candidates FAILING	0	0.00			
TOTAL Number of Candidates	1	100.00			
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ONONDAGA COUNTY - SUMMARY BY COUNTY - 1st Timers

ONONDAGA COUNTY DATA BASED ON 88 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	58 - 94	78.19	8.11	78.19%
INTRODUCTION	13	8 - 13	11.00	1.37	84.62%
AIRWAY	7	3 - 7	5.20	1.25	74.35%
PATIENT ASSESSMENT	17	9 - 17	14.20	1.90	83.56%
MEDICINE	28	14 - 28	22.88	3.04	81.70%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 23	18.02	2.45	72.09%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.23	1.12	70.45%
EMS OPERATIONS	4	0 - 4	2.66	0.88	66.48%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	74	84.09
Number of Candidates FAILING	14	15.91
TOTAL Number of Candidates	88	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ONONDAGA COUNTY- DATA BASED ON 56 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	58 - 94	77.07	7.50	77.07%
INTRODUCTION	13	8 - 13	10.70	1.40	82.28%
AIRWAY	7	3 - 7	5.00	1.18	71.43%
PATIENT ASSESSMENT	17	9 - 17	13.96	1.99	82.14%
MEDICINE	28	14 - 28	22.77	2.68	81.31%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 23	18.14	2.44	72.57%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.02	1.06	66.96%
EMS OPERATIONS	4	0 - 4	2.48	0.94	62.05%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	45	80.36
Number of Candidates FAILING	11	19.64
TOTAL Number of Candidates	56	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ONONDAGA COUNTY- DATA BASED ON 32 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	59 - 93	80.16	8.73	80.16%
INTRODUCTION	13	9 - 13	11.53	1.15	88.70%
AIRWAY	7	3 - 7	5.56	1.30	79.46%
PATIENT ASSESSMENT	17	12 - 17	14.62	1.65	86.03%
MEDICINE	28	15 - 28	23.06	3.57	82.37%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 22	17.81	2.47	71.25%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.59	1.11	76.56%
EMS OPERATIONS	4	2 - 4	2.97	0.64	74.22%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	29	90.62
Number of Candidates FAILING	3	9.38
TOTAL Number of Candidates	32	100.00

ONTARIO COUNTY - SUMMARY BY COUNTY - 1st Timers

ONTARIO COUNTY DATA BASED ON 6 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	70 - 99	82.17	9.69	82.17%
INTRODUCTION	13	9 - 13	11.50	1.50	88.46%
AIRWAY	7	3 - 7	6.33	1.49	90.48%
PATIENT ASSESSMENT	17	12 - 17	14.67	1.49	86.27%
MEDICINE	28	19 - 28	23.50	2.93	83.93%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 24	19.00	2.94	76.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.17	0.90	69.44%
EMS OPERATIONS	4	2 - 4	3.00	0.82	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	6	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ONTARIO COUNTY- DATA BASED ON 6 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	70 - 99	82.17	9.69	82.17%
INTRODUCTION	13	9 - 13	11.50	1.50	88.46%
AIRWAY	7	3 - 7	6.33	1.49	90.48%
PATIENT ASSESSMENT	17	12 - 17	14.67	1.49	86.27%
MEDICINE	28	19 - 28	23.50	2.93	83.93%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 24	19.00	2.94	76.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.17	0.90	69.44%
EMS OPERATIONS	4	2 - 4	3.00	0.82	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	6	100.00

ORLEANS COUNTY - SUMMARY BY COUNTY - 1st Timers

ORLEANS COUNTY DATA BASED ON 34 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	46 - 93	76.97	10.49	76.97%
INTRODUCTION	13	5 - 13	10.94	1.76	84.16%
AIRWAY	7	2 - 7	4.94	1.59	70.59%
PATIENT ASSESSMENT	17	9 - 17	13.74	2.05	80.80%
MEDICINE	28	12 - 28	21.71	3.83	77.52%
TRAUMA/SHOCK/RESUSCITATION	25	6 - 22	17.50	3.47	70.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	5.00	0.97	83.33%
EMS OPERATIONS	4	2 - 4	3.15	0.77	78.68%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	27	79.41
Number of Candidates FAILING	7	20.59
TOTAL Number of Candidates	34	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ORLEANS COUNTY- DATA BASED ON 23 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	46 - 93	74.96	10.77	74.96%
INTRODUCTION	13	5 - 13	10.70	1.76	82.27%
AIRWAY	7	2 - 7	4.87	1.57	69.57%
PATIENT ASSESSMENT	17	9 - 16	13.57	1.95	79.80%
MEDICINE	28	12 - 28	20.74	3.71	74.07%
TRAUMA/SHOCK/RESUSCITATION	25	6 - 22	17.04	4.02	68.17%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.87	0.95	81.16%
EMS OPERATIONS	4	2 - 4	3.17	0.82	79.35%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	17	73.91
Number of Candidates FAILING	6	26.09
TOTAL Number of Candidates	23	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ORLEANS COUNTY- DATA BASED ON 11 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	62 - 93	81.18	8.45	81.18%
INTRODUCTION	13	7 - 13	11.45	1.67	88.11%
AIRWAY	7	2 - 7	5.09	1.62	72.73%
PATIENT ASSESSMENT	17	9 - 17	14.09	2.19	82.89%
MEDICINE	28	17 - 28	23.73	3.25	84.74%
TRAUMA/SHOCK/RESUSCITATION	25	16 - 20	18.45	1.44	73.82%
SPECIAL PATIENT POPULATIONS	6	3 - 6	5.27	0.96	87.88%
EMS OPERATIONS	4	2 - 4	3.09	0.67	77.27%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	10	90.91
Number of Candidates FAILING	1	9.09
TOTAL Number of Candidates	11	100.00

OSWEGO COUNTY - SUMMARY BY COUNTY - 1st Timers

OSWEGO COUNTY DATA BASED ON 12 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	68 - 88	78.42	6.46	78.42%
INTRODUCTION	13	8 - 13	11.42	1.44	87.82%
AIRWAY	7	4 - 6	5.17	0.80	73.81%
PATIENT ASSESSMENT	17	11 - 17	14.42	1.61	84.80%
MEDICINE	28	19 - 28	23.33	2.75	83.33%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 21	17.17	1.91	68.67%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.08	0.76	68.06%
EMS OPERATIONS	4	1 - 4	2.83	0.80	70.83%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	91.67
Number of Candidates FAILING	1	8.33
TOTAL Number of Candidates	12	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

OSWEGO COUNTY- DATA BASED ON 9 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	68 - 88	77.11	6.49	77.11%
INTRODUCTION	13	8 - 13	11.22	1.55	86.32%
AIRWAY	7	4 - 6	5.33	0.67	76.19%
PATIENT ASSESSMENT	17	11 - 17	14.33	1.83	84.31%
MEDICINE	28	19 - 26	22.56	2.50	80.56%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 20	16.78	1.69	67.11%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.11	0.87	68.52%
EMS OPERATIONS	4	1 - 4	2.78	0.79	69.44%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	88.89
Number of Candidates FAILING	1	11.11
TOTAL Number of Candidates	9	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

OSWEGO COUNTY- DATA BASED ON 3 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	76 - 86	82.33	4.50	82.33%
INTRODUCTION	13	11 - 13	12.00	0.82	92.31%
AIRWAY	7	4 - 6	4.67	0.94	66.67%
PATIENT ASSESSMENT	17	14 - 15	14.67	0.47	86.27%
MEDICINE	28	23 - 28	25.67	2.05	91.67%
TRAUMA/SHOCK/RESUSCITATION	25	16 - 21	18.33	2.05	73.33%
SPECIAL PATIENT POPULATIONS	6	4 - 4	4.00	0.00	66.67%
EMS OPERATIONS	4	2 - 4	3.00	0.82	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	3	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	3	100.00

OTSEGO COUNTY - SUMMARY BY COUNTY - 1st Timers

OTSEGO COUNTY DATA BASED ON 25 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	72 - 98	85.48	6.22	85.48%
INTRODUCTION	13	10 - 13	12.08	0.98	92.92%
AIRWAY	7	4 - 7	5.96	0.87	85.14%
PATIENT ASSESSMENT	17	11 - 17	14.92	1.49	87.76%
MEDICINE	28	20 - 28	24.24	2.30	86.57%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 23	19.92	2.21	79.68%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.24	0.81	87.33%
EMS OPERATIONS	4	2 - 4	3.12	0.65	78.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	25	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	25	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

OTSEGO COUNTY- DATA BASED ON 25 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	72 - 98	85.48	6.22	85.48%
INTRODUCTION	13	10 - 13	12.08	0.98	92.92%
AIRWAY	7	4 - 7	5.96	0.87	85.14%
PATIENT ASSESSMENT	17	11 - 17	14.92	1.49	87.76%
MEDICINE	28	20 - 28	24.24	2.30	86.57%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 23	19.92	2.21	79.68%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.24	0.81	87.33%
EMS OPERATIONS	4	2 - 4	3.12	0.65	78.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	25	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	25	100.00

PUTNAM COUNTY - SUMMARY BY COUNTY - 1st Timers

PUTNAM COUNTY DATA BASED ON 17 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 92	77.88	8.17	77.88%
INTRODUCTION	13	9 - 13	11.59	1.09	89.14%
AIRWAY	7	3 - 7	5.18	1.25	73.95%
PATIENT ASSESSMENT	17	9 - 17	13.53	2.12	79.58%
MEDICINE	28	17 - 27	22.65	2.70	80.88%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 22	17.00	2.97	68.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	4.94	0.64	82.35%
EMS OPERATIONS	4	1 - 4	3.00	0.77	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	12	70.59
Number of Candidates FAILING	5	29.41
TOTAL Number of Candidates	17	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

PUTNAM COUNTY- DATA BASED ON 17 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 92	77.88	8.17	77.88%
INTRODUCTION	13	9 - 13	11.59	1.09	89.14%
AIRWAY	7	3 - 7	5.18	1.25	73.95%
PATIENT ASSESSMENT	17	9 - 17	13.53	2.12	79.58%
MEDICINE	28	17 - 27	22.65	2.70	80.88%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 22	17.00	2.97	68.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	4.94	0.64	82.35%
EMS OPERATIONS	4	1 - 4	3.00	0.77	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	12	70.59
Number of Candidates FAILING	5	29.41
TOTAL Number of Candidates	17	100.00

QUEENS COUNTY - SUMMARY BY COUNTY - 1st Timers

QUEENS COUNTY DATA BASED ON 203 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	40 - 97	74.45	10.40	74.45%
INTRODUCTION	13	6 - 13	10.69	1.58	82.23%
AIRWAY	7	1 - 7	4.85	1.33	69.25%
PATIENT ASSESSMENT	17	6 - 17	13.84	2.14	81.40%
MEDICINE	28	9 - 28	21.44	3.73	76.58%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 23	17.14	2.74	68.57%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.08	1.18	68.06%
EMS OPERATIONS	4	0 - 4	2.40	1.07	60.10%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	142	69.95
Number of Candidates FAILING	61	30.05
TOTAL Number of Candidates	203	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

QUEENS COUNTY- DATA BASED ON 120 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	40 - 95	73.02	11.19	73.02%
INTRODUCTION	13	7 - 13	10.42	1.61	80.13%
AIRWAY	7	1 - 7	4.63	1.38	66.19%
PATIENT ASSESSMENT	17	6 - 17	13.72	2.27	80.69%
MEDICINE	28	9 - 28	21.08	3.96	75.30%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 22	16.97	2.76	67.87%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.99	1.21	66.53%
EMS OPERATIONS	4	0 - 4	2.21	1.11	55.21%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	76	63.33
Number of Candidates FAILING	44	36.67
TOTAL Number of Candidates	120	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

QUEENS COUNTY- DATA BASED ON 83 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 97	76.52	8.72	76.52%
INTRODUCTION	13	6 - 13	11.08	1.46	85.26%
AIRWAY	7	2 - 7	5.16	1.20	73.67%
PATIENT ASSESSMENT	17	9 - 17	14.01	1.91	82.42%
MEDICINE	28	13 - 28	21.96	3.30	78.44%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 23	17.40	2.69	69.59%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.22	1.12	70.28%
EMS OPERATIONS	4	0 - 4	2.69	0.94	67.17%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	66	79.52
Number of Candidates FAILING	17	20.48
TOTAL Number of Candidates	83	100.00

RENSSELAER COUNTY - SUMMARY BY COUNTY - 1st Timers

RENSSELAER COUNTY DATA BASED ON 73 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	36 - 97	77.07	11.68	77.07%
INTRODUCTION	13	3 - 13	10.52	2.07	80.93%
AIRWAY	7	1 - 7	5.32	1.40	75.93%
PATIENT ASSESSMENT	17	7 - 17	14.12	2.09	83.08%
MEDICINE	28	12 - 28	21.84	4.12	77.98%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 24	17.97	2.74	71.89%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.41	1.19	73.52%
EMS OPERATIONS	4	1 - 4	2.89	0.93	72.26%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	56	76.71
Number of Candidates FAILING	17	23.29
TOTAL Number of Candidates	73	100.00

course - Basic Inst Score - SUMMARY BY LEVEL

RENSSELAER COUNTY- DATA BASED ON 18 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	74 - 97	88.67	5.60	88.67%
INTRODUCTION	13	10 - 13	12.33	0.82	94.87%
AIRWAY	7	4 - 7	6.17	0.83	88.10%
PATIENT ASSESSMENT	17	11 - 17	15.72	1.48	92.48%
MEDICINE	28	22 - 28	25.94	1.65	92.66%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 24	19.94	2.09	79.78%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.17	0.76	86.11%
EMS OPERATIONS	4	2 - 4	3.39	0.59	84.72%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	18	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	18	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

RENSSELAER COUNTY- DATA BASED ON 50 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	36 - 91	72.36	10.38	72.36%
INTRODUCTION	13	3 - 13	9.80	2.05	75.38%
AIRWAY	7	1 - 7	5.00	1.44	71.43%
PATIENT ASSESSMENT	17	7 - 17	13.40	1.96	78.82%
MEDICINE	28	12 - 27	20.02	3.57	71.50%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 22	17.30	2.62	69.20%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.12	1.21	68.67%
EMS OPERATIONS	4	1 - 4	2.72	1.00	68.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	33	66.00
Number of Candidates FAILING	17	34.00
TOTAL Number of Candidates	50	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

RENSSELAER COUNTY- DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	72 - 93	82.40	8.06	82.40%
INTRODUCTION	13	10 - 13	11.20	0.98	86.15%
AIRWAY	7	3 - 7	5.40	1.36	77.14%
PATIENT ASSESSMENT	17	14 - 17	15.60	1.02	91.76%
MEDICINE	28	22 - 28	25.20	2.32	90.00%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 22	17.60	2.58	70.40%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.60	1.02	76.67%
EMS OPERATIONS	4	2 - 3	2.80	0.40	70.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	5	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	5	100.00

RICHMOND COUNTY - SUMMARY BY COUNTY - 1st Timers

RICHMOND COUNTY DATA BASED ON 22 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 95	81.36	8.51	81.36%
INTRODUCTION	13	9 - 13	11.50	1.37	88.46%
AIRWAY	7	2 - 7	5.41	1.34	77.27%
PATIENT ASSESSMENT	17	12 - 17	14.64	1.46	86.10%
MEDICINE	28	16 - 28	22.91	3.40	81.82%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 23	18.95	2.40	75.82%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.77	0.73	79.55%
EMS OPERATIONS	4	2 - 4	3.18	0.83	79.55%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	19	86.36
Number of Candidates FAILING	3	13.64
TOTAL Number of Candidates	22	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

RICHMOND COUNTY- DATA BASED ON 22 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 95	81.36	8.51	81.36%
INTRODUCTION	13	9 - 13	11.50	1.37	88.46%
AIRWAY	7	2 - 7	5.41	1.34	77.27%
PATIENT ASSESSMENT	17	12 - 17	14.64	1.46	86.10%
MEDICINE	28	16 - 28	22.91	3.40	81.82%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 23	18.95	2.40	75.82%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.77	0.73	79.55%
EMS OPERATIONS	4	2 - 4	3.18	0.83	79.55%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	19	86.36
Number of Candidates FAILING	3	13.64
TOTAL Number of Candidates	22	100.00

ROCKLAND COUNTY - SUMMARY BY COUNTY - 1st Timers

ROCKLAND COUNTY DATA BASED ON 10 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 92	80.50	7.50	80.50%
INTRODUCTION	13	10 - 13	11.60	1.02	89.23%
AIRWAY	7	3 - 7	5.30	1.42	75.71%
PATIENT ASSESSMENT	17	13 - 17	15.20	1.33	89.41%
MEDICINE	28	16 - 27	23.00	3.38	82.14%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 21	17.50	2.54	70.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.40	0.92	73.33%
EMS OPERATIONS	4	2 - 4	3.50	0.67	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	80.00
Number of Candidates FAILING	2	20.00
TOTAL Number of Candidates	10	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ROCKLAND COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 87	78.75	7.07	78.75%
INTRODUCTION	13	10 - 13	11.38	0.99	87.50%
AIRWAY	7	3 - 7	5.00	1.41	71.43%
PATIENT ASSESSMENT	17	13 - 17	15.25	1.39	89.71%
MEDICINE	28	16 - 27	22.75	3.42	81.25%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 21	16.62	2.06	66.50%
SPECIAL PATIENT POPULATIONS	6	3 - 5	4.25	0.83	70.83%
EMS OPERATIONS	4	2 - 4	3.50	0.71	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	75.00
Number of Candidates FAILING	2	25.00
TOTAL Number of Candidates	8	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ROCKLAND COUNTY- DATA BASED ON 2 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	83 - 92	87.50	4.50	87.50%
INTRODUCTION	13	12 - 13	12.50	0.50	96.15%
AIRWAY	7	6 - 7	6.50	0.50	92.86%
PATIENT ASSESSMENT	17	14 - 16	15.00	1.00	88.24%
MEDICINE	28	21 - 27	24.00	3.00	85.71%
TRAUMA/SHOCK/RESUSCITATION	25	21 - 21	21.00	0.00	84.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.00	1.00	83.33%
EMS OPERATIONS	4	3 - 4	3.50	0.50	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	2	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	2	100.00

SARATOGA COUNTY - SUMMARY BY COUNTY - 1st Timers

SARATOGA COUNTY DATA BASED ON 15 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	66 - 90	79.00	7.63	79.00%
INTRODUCTION	13	9 - 13	11.60	1.36	89.23%
AIRWAY	7	2 - 7	5.27	1.44	75.24%
PATIENT ASSESSMENT	17	11 - 16	14.33	1.40	84.31%
MEDICINE	28	17 - 27	22.33	3.26	79.76%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 20	17.73	1.98	70.93%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.80	0.91	80.00%
EMS OPERATIONS	4	2 - 4	2.93	0.57	73.33%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	14	93.33
Number of Candidates FAILING	1	6.67
TOTAL Number of Candidates	15	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

SARATOGA COUNTY- DATA BASED ON 15 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	66 - 90	79.00	7.63	79.00%
INTRODUCTION	13	9 - 13	11.60	1.36	89.23%
AIRWAY	7	2 - 7	5.27	1.44	75.24%
PATIENT ASSESSMENT	17	11 - 16	14.33	1.40	84.31%
MEDICINE	28	17 - 27	22.33	3.26	79.76%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 20	17.73	1.98	70.93%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.80	0.91	80.00%
EMS OPERATIONS	4	2 - 4	2.93	0.57	73.33%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	14	93.33
Number of Candidates FAILING	1	6.67
TOTAL Number of Candidates	15	100.00

SCHEENECTADY COUNTY - SUMMARY BY COUNTY - 1st Timers

SCHEENECTADY COUNTY DATA BASED ON 41 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 98	80.83	9.13	80.83%
INTRODUCTION	13	9 - 13	11.63	1.20	89.49%
AIRWAY	7	3 - 7	5.93	1.22	84.67%
PATIENT ASSESSMENT	17	9 - 17	14.59	1.68	85.80%
MEDICINE	28	14 - 28	22.76	3.92	81.27%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 24	18.49	2.54	73.95%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.71	1.04	78.46%
EMS OPERATIONS	4	1 - 4	2.73	0.88	68.29%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	36	87.80
Number of Candidates FAILING	5	12.20
TOTAL Number of Candidates	41	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

SCHENECTADY COUNTY- DATA BASED ON 18 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 98	79.22	9.93	79.22%
INTRODUCTION	13	9 - 13	11.11	1.24	85.47%
AIRWAY	7	3 - 7	5.78	1.40	82.54%
PATIENT ASSESSMENT	17	9 - 17	14.72	2.05	86.60%
MEDICINE	28	14 - 28	21.78	3.97	77.78%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 24	18.56	2.65	74.22%
SPECIAL PATIENT POPULATIONS	6	4 - 6	4.94	0.70	82.41%
EMS OPERATIONS	4	1 - 4	2.33	0.88	58.33%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	16	88.89
Number of Candidates FAILING	2	11.11
TOTAL Number of Candidates	18	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

SCHENECTADY COUNTY- DATA BASED ON 23 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	64 - 92	82.09	8.25	82.09%
INTRODUCTION	13	9 - 13	12.04	1.00	92.64%
AIRWAY	7	3 - 7	6.04	1.04	86.34%
PATIENT ASSESSMENT	17	12 - 17	14.48	1.31	85.17%
MEDICINE	28	15 - 28	23.52	3.71	84.01%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 24	18.43	2.45	73.74%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.52	1.21	75.36%
EMS OPERATIONS	4	2 - 4	3.04	0.75	76.09%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	20	86.96
Number of Candidates FAILING	3	13.04
TOTAL Number of Candidates	23	100.00

SCHOHARIE COUNTY - SUMMARY BY COUNTY - 1st Timers

SCHOHARIE COUNTY DATA BASED ON 16 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	52 - 91	70.81	9.91	70.81%
INTRODUCTION	13	7 - 13	10.12	1.90	77.88%
AIRWAY	7	2 - 7	4.88	1.58	69.64%
PATIENT ASSESSMENT	17	10 - 16	13.31	1.72	78.31%
MEDICINE	28	12 - 26	20.31	3.18	72.54%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 20	16.06	2.54	64.25%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.12	1.17	68.75%
EMS OPERATIONS	4	0 - 4	2.00	0.87	50.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	50.00
Number of Candidates FAILING	8	50.00
TOTAL Number of Candidates	16	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

SCHOHARIE COUNTY- DATA BASED ON 11 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	52 - 82	67.73	8.67	67.73%
INTRODUCTION	13	7 - 12	9.27	1.60	71.33%
AIRWAY	7	2 - 7	4.55	1.50	64.94%
PATIENT ASSESSMENT	17	10 - 15	12.91	1.78	75.94%
MEDICINE	28	12 - 24	19.45	3.09	69.48%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 19	15.82	2.41	63.27%
SPECIAL PATIENT POPULATIONS	6	2 - 6	3.91	1.24	65.15%
EMS OPERATIONS	4	0 - 3	1.82	0.72	45.45%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	4	36.36
Number of Candidates FAILING	7	63.64
TOTAL Number of Candidates	11	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

SCHOHARIE COUNTY- DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	64 - 91	77.60	9.05	77.60%
INTRODUCTION	13	11 - 13	12.00	0.89	92.31%
AIRWAY	7	3 - 7	5.60	1.50	80.00%
PATIENT ASSESSMENT	17	13 - 16	14.20	1.17	83.53%
MEDICINE	28	19 - 26	22.20	2.48	79.29%
TRAUMA/SHOCK/RESUSCITATION	25	13 - 20	16.60	2.73	66.40%
SPECIAL PATIENT POPULATIONS	6	4 - 6	4.60	0.80	76.67%
EMS OPERATIONS	4	1 - 4	2.40	1.02	60.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	4	80.00
Number of Candidates FAILING	1	20.00
TOTAL Number of Candidates	5	100.00

SCHUYLER COUNTY - SUMMARY BY COUNTY - 1st Timers

SCHUYLER COUNTY DATA BASED ON 2 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 81	74.00	7.00	74.00%
INTRODUCTION	13	10 - 11	10.50	0.50	80.77%
AIRWAY	7	6 - 7	6.50	0.50	92.86%
PATIENT ASSESSMENT	17	11 - 16	13.50	2.50	79.41%
MEDICINE	28	17 - 25	21.00	4.00	75.00%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 16	15.50	0.50	62.00%
SPECIAL PATIENT POPULATIONS	6	3 - 4	3.50	0.50	58.33%
EMS OPERATIONS	4	3 - 4	3.50	0.50	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	50.00
Number of Candidates FAILING	1	50.00
TOTAL Number of Candidates	2	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

SCHUYLER COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 67	67.00	0.00	67.00%
INTRODUCTION	13	11 - 11	11.00	0.00	84.62%
AIRWAY	7	6 - 6	6.00	0.00	85.71%
PATIENT ASSESSMENT	17	11 - 11	11.00	0.00	64.71%
MEDICINE	28	17 - 17	17.00	0.00	60.71%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 15	15.00	0.00	60.00%
SPECIAL PATIENT POPULATIONS	6	3 - 3	3.00	0.00	50.00%
EMS OPERATIONS	4	4 - 4	4.00	0.00	100.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	0	0.00
Number of Candidates FAILING	1	100.00
TOTAL Number of Candidates	1	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

SCHUYLER COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	81 - 81	81.00	0.00	81.00%
INTRODUCTION	13	10 - 10	10.00	0.00	76.92%
AIRWAY	7	7 - 7	7.00	0.00	100.00%
PATIENT ASSESSMENT	17	16 - 16	16.00	0.00	94.12%
MEDICINE	28	25 - 25	25.00	0.00	89.29%
TRAUMA/SHOCK/RESUSCITATION	25	16 - 16	16.00	0.00	64.00%
SPECIAL PATIENT POPULATIONS	6	4 - 4	4.00	0.00	66.67%
EMS OPERATIONS	4	3 - 3	3.00	0.00	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	1	100.00

ST. LAWRENCE COUNTY - SUMMARY BY COUNTY - 1st Timers

ST. LAWRENCE COUNTY DATA BASED ON 37 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 89	79.70	7.45	79.70%
INTRODUCTION	13	9 - 13	11.57	1.13	88.98%
AIRWAY	7	3 - 7	5.24	1.00	74.90%
PATIENT ASSESSMENT	17	7 - 16	13.73	1.81	80.76%
MEDICINE	28	15 - 28	23.59	3.01	84.27%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 21	18.30	2.37	73.19%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.38	1.10	72.97%
EMS OPERATIONS	4	1 - 4	2.89	0.73	72.30%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	33	89.19
Number of Candidates FAILING	4	10.81
TOTAL Number of Candidates	37	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

ST. LAWRENCE COUNTY- DATA BASED ON 30 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	65 - 89	79.93	6.76	79.93%
INTRODUCTION	13	9 - 13	11.63	1.08	89.49%
AIRWAY	7	3 - 7	5.13	0.96	73.33%
PATIENT ASSESSMENT	17	10 - 16	13.77	1.41	80.98%
MEDICINE	28	17 - 28	23.80	2.83	85.00%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 21	18.37	2.18	73.47%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.33	1.16	72.22%
EMS OPERATIONS	4	1 - 4	2.90	0.79	72.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	27	90.00
Number of Candidates FAILING	3	10.00
TOTAL Number of Candidates	30	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

ST. LAWRENCE COUNTY- DATA BASED ON 7 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	56 - 87	78.71	9.79	78.71%
INTRODUCTION	13	10 - 13	11.29	1.28	86.81%
AIRWAY	7	4 - 7	5.71	1.03	81.63%
PATIENT ASSESSMENT	17	7 - 16	13.57	2.97	79.83%
MEDICINE	28	15 - 26	22.71	3.53	81.12%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 21	18.00	3.02	72.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	4.57	0.73	76.19%
EMS OPERATIONS	4	2 - 3	2.86	0.35	71.43%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	85.71
Number of Candidates FAILING	1	14.29
TOTAL Number of Candidates	7	100.00

STEUBEN COUNTY - SUMMARY BY COUNTY - 1st Timers

STEUBEN COUNTY DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	58 - 88	72.75	9.18	72.75%
INTRODUCTION	13	8 - 13	11.25	1.85	86.54%
AIRWAY	7	3 - 7	5.50	1.22	78.57%
PATIENT ASSESSMENT	17	9 - 17	13.50	2.35	79.41%
MEDICINE	28	15 - 25	19.75	2.99	70.54%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 19	15.75	2.77	63.00%
SPECIAL PATIENT POPULATIONS	6	2 - 5	4.12	1.05	68.75%
EMS OPERATIONS	4	2 - 4	2.88	0.60	71.88%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	4	50.00
Number of Candidates FAILING	4	50.00
TOTAL Number of Candidates	8	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

STEUBEN COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	58 - 88	72.75	9.18	72.75%
INTRODUCTION	13	8 - 13	11.25	1.85	86.54%
AIRWAY	7	3 - 7	5.50	1.22	78.57%
PATIENT ASSESSMENT	17	9 - 17	13.50	2.35	79.41%
MEDICINE	28	15 - 25	19.75	2.99	70.54%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 19	15.75	2.77	63.00%
SPECIAL PATIENT POPULATIONS	6	2 - 5	4.12	1.05	68.75%
EMS OPERATIONS	4	2 - 4	2.88	0.60	71.88%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	4	50.00
Number of Candidates FAILING	4	50.00
TOTAL Number of Candidates	8	100.00

SUFFOLK COUNTY - SUMMARY BY COUNTY - 1st Timers

SUFFOLK COUNTY DATA BASED ON 93 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	55 - 98	77.67	8.66	77.67%
INTRODUCTION	13	6 - 13	10.94	1.47	84.12%
AIRWAY	7	1 - 7	5.29	1.49	75.58%
PATIENT ASSESSMENT	17	10 - 17	14.00	1.93	82.35%
MEDICINE	28	10 - 28	22.46	3.32	80.22%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 24	18.28	2.60	73.12%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.00	1.10	66.67%
EMS OPERATIONS	4	0 - 4	2.70	0.94	67.47%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	75	80.65
Number of Candidates FAILING	18	19.35
TOTAL Number of Candidates	93	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

SUFFOLK COUNTY- DATA BASED ON 81 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	55 - 98	77.49	8.68	77.49%
INTRODUCTION	13	6 - 13	10.90	1.48	83.86%
AIRWAY	7	1 - 7	5.32	1.53	76.01%
PATIENT ASSESSMENT	17	10 - 17	14.04	1.86	82.57%
MEDICINE	28	10 - 28	22.40	3.35	79.98%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 24	18.26	2.60	73.04%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.96	1.06	66.05%
EMS OPERATIONS	4	0 - 4	2.62	0.92	65.43%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	64	79.01
Number of Candidates FAILING	17	20.99
TOTAL Number of Candidates	81	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

SUFFOLK COUNTY- DATA BASED ON 12 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	65 - 93	78.83	8.44	78.83%
INTRODUCTION	13	9 - 13	11.17	1.34	85.90%
AIRWAY	7	3 - 7	5.08	1.19	72.62%
PATIENT ASSESSMENT	17	10 - 17	13.75	2.35	80.88%
MEDICINE	28	18 - 28	22.92	3.07	81.85%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 23	18.42	2.60	73.67%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.25	1.30	70.83%
EMS OPERATIONS	4	2 - 4	3.25	0.83	81.25%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	91.67
Number of Candidates FAILING	1	8.33
TOTAL Number of Candidates	12	100.00

TIOGA COUNTY - SUMMARY BY COUNTY - 1st Timers

TIOGA COUNTY DATA BASED ON 25 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	48 - 96	73.48	11.68	73.48%
INTRODUCTION	13	5 - 13	11.12	1.90	85.54%
AIRWAY	7	2 - 7	4.92	1.49	70.29%
PATIENT ASSESSMENT	17	8 - 17	12.48	2.39	73.41%
MEDICINE	28	12 - 28	21.16	4.43	75.57%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 22	17.28	2.60	69.12%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.16	1.32	69.33%
EMS OPERATIONS	4	0 - 4	2.36	1.16	59.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	16	64.00
Number of Candidates FAILING	9	36.00
TOTAL Number of Candidates	25	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

TIOGA COUNTY- DATA BASED ON 17 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	48 - 88	70.94	11.54	70.94%
INTRODUCTION	13	5 - 13	10.76	2.02	82.81%
AIRWAY	7	2 - 7	4.65	1.49	66.39%
PATIENT ASSESSMENT	17	8 - 17	12.12	2.47	71.28%
MEDICINE	28	12 - 27	20.47	4.55	73.11%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 21	16.82	2.31	67.29%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.88	1.23	64.71%
EMS OPERATIONS	4	0 - 4	2.24	1.21	55.88%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	10	58.82
Number of Candidates FAILING	7	41.18
TOTAL Number of Candidates	17	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

TIOGA COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	64 - 96	78.88	10.03	78.88%
INTRODUCTION	13	9 - 13	11.88	1.36	91.35%
AIRWAY	7	4 - 7	5.50	1.32	78.57%
PATIENT ASSESSMENT	17	11 - 16	13.25	1.98	77.94%
MEDICINE	28	16 - 28	22.62	3.77	80.80%
TRAUMA/SHOCK/RESUSCITATION	25	14 - 22	18.25	2.90	73.00%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.75	1.30	79.17%
EMS OPERATIONS	4	1 - 4	2.62	0.99	65.62%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	75.00
Number of Candidates FAILING	2	25.00
TOTAL Number of Candidates	8	100.00

WARREN COUNTY - SUMMARY BY COUNTY - 1st Timers

WARREN COUNTY DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	48 - 48	48.00	0.00	48.00%
INTRODUCTION	13	7 - 7	7.00	0.00	53.85%
AIRWAY	7	3 - 3	3.00	0.00	42.86%
PATIENT ASSESSMENT	17	10 - 10	10.00	0.00	58.82%
MEDICINE	28	12 - 12	12.00	0.00	42.86%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 10	10.00	0.00	40.00%
SPECIAL PATIENT POPULATIONS	6	4 - 4	4.00	0.00	66.67%
EMS OPERATIONS	4	2 - 2	2.00	0.00	50.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	0	0.00
Number of Candidates FAILING	1	100.00
TOTAL Number of Candidates	1	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

WARREN COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	48 - 48	48.00	0.00	48.00%
INTRODUCTION	13	7 - 7	7.00	0.00	53.85%
AIRWAY	7	3 - 3	3.00	0.00	42.86%
PATIENT ASSESSMENT	17	10 - 10	10.00	0.00	58.82%
MEDICINE	28	12 - 12	12.00	0.00	42.86%
TRAUMA/SHOCK/RESUSCITATION	25	10 - 10	10.00	0.00	40.00%
SPECIAL PATIENT POPULATIONS	6	4 - 4	4.00	0.00	66.67%
EMS OPERATIONS	4	2 - 2	2.00	0.00	50.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	0	0.00
Number of Candidates FAILING	1	100.00
TOTAL Number of Candidates	1	100.00

WAYNE COUNTY - SUMMARY BY COUNTY - 1st Timers

WAYNE COUNTY DATA BASED ON 10 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	66 - 88	76.70	6.74	76.70%
INTRODUCTION	13	10 - 13	11.60	1.02	89.23%
AIRWAY	7	2 - 7	5.10	1.30	72.86%
PATIENT ASSESSMENT	17	9 - 16	13.50	2.46	79.41%
MEDICINE	28	15 - 25	21.10	3.05	75.36%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 20	18.00	1.90	72.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.30	0.90	71.67%
EMS OPERATIONS	4	2 - 4	3.10	0.70	77.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	80.00
Number of Candidates FAILING	2	20.00
TOTAL Number of Candidates	10	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

WAYNE COUNTY- DATA BASED ON 10 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	66 - 88	76.70	6.74	76.70%
INTRODUCTION	13	10 - 13	11.60	1.02	89.23%
AIRWAY	7	2 - 7	5.10	1.30	72.86%
PATIENT ASSESSMENT	17	9 - 16	13.50	2.46	79.41%
MEDICINE	28	15 - 25	21.10	3.05	75.36%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 20	18.00	1.90	72.00%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.30	0.90	71.67%
EMS OPERATIONS	4	2 - 4	3.10	0.70	77.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	80.00
Number of Candidates FAILING	2	20.00
TOTAL Number of Candidates	10	100.00

WESTCHESTER COUNTY - SUMMARY BY COUNTY - 1st Timers

WESTCHESTER COUNTY DATA BASED ON 72 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	53 - 94	75.72	10.33	75.72%
INTRODUCTION	13	7 - 13	10.88	1.65	83.65%
AIRWAY	7	3 - 7	5.19	1.31	74.21%
PATIENT ASSESSMENT	17	7 - 17	13.85	2.31	81.45%
MEDICINE	28	13 - 28	21.97	3.64	78.47%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 24	17.21	2.54	68.83%
SPECIAL PATIENT POPULATIONS	6	0 - 6	4.21	1.29	70.14%
EMS OPERATIONS	4	0 - 4	2.42	1.13	60.42%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	52	72.22
Number of Candidates FAILING	20	27.78
TOTAL Number of Candidates	72	100.00

Course - BASIC ORIGINAL - SUMMARY BY LEVEL

WESTCHESTER COUNTY- DATA BASED ON 59 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	53 - 94	73.95	10.18	73.95%
INTRODUCTION	13	7 - 13	10.71	1.72	82.40%
AIRWAY	7	3 - 7	5.05	1.35	72.15%
PATIENT ASSESSMENT	17	7 - 17	13.49	2.30	79.36%
MEDICINE	28	13 - 28	21.53	3.73	76.88%
TRAUMA/SHOCK/RESUSCITATION	25	12 - 24	16.86	2.52	67.46%
SPECIAL PATIENT POPULATIONS	6	0 - 6	4.05	1.33	67.51%
EMS OPERATIONS	4	0 - 4	2.25	1.14	56.36%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	40	67.80
Number of Candidates FAILING	19	32.20
TOTAL Number of Candidates	59	100.00

Course - BASIC REFRESHER - SUMMARY BY LEVEL

WESTCHESTER COUNTY- DATA BASED ON 13 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	67 - 92	83.77	6.49	83.77%
INTRODUCTION	13	9 - 13	11.62	1.00	89.35%
AIRWAY	7	4 - 7	5.85	0.86	83.52%
PATIENT ASSESSMENT	17	12 - 17	15.46	1.55	90.95%
MEDICINE	28	19 - 27	24.00	2.25	85.71%
TRAUMA/SHOCK/RESUSCITATION	25	16 - 23	18.77	1.97	75.08%
SPECIAL PATIENT POPULATIONS	6	4 - 6	4.92	0.73	82.05%
EMS OPERATIONS	4	2 - 4	3.15	0.66	78.85%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	12	92.31
Number of Candidates FAILING	1	7.69
TOTAL Number of Candidates	13	100.00

New York Emergency Medical Services - Statewide Summary Report

For - Emergency Medical Technician - Ambulance

FORM NUMBER 235

TESTED IN 2012

course - Basic Inst Score - SUMMARY BY LEVEL -1st Timers

Basic Inst Score DATA BASED ON 18 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	74 - 97	88.67	5.60	88.67%
INTRODUCTION	13	10 - 13	12.33	0.82	94.87%
AIRWAY	7	4 - 7	6.17	0.83	88.10%
PATIENT ASSESSMENT	17	11 - 17	15.72	1.48	92.48%
MEDICINE	28	22 - 28	25.94	1.65	92.66%
TRAUMA/SHOCK/RESUSCITATION	25	15 - 24	19.94	2.09	79.78%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.17	0.76	86.11%
EMS OPERATIONS	4	2 - 4	3.39	0.59	84.72%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	18	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	18	100.00

New York Emergency Medical Services - Statewide Summary Report

For - Emergency Medical Technician - Ambulance

FORM NUMBER 235

TESTED IN 2012

Course - BASIC ORIGINAL - SUMMARY BY LEVEL -1st Timers

BASIC ORIGINAL DATA BASED ON 991 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	30 - 98	75.28	10.03	75.28%
INTRODUCTION	13	3 - 13	10.74	1.65	82.58%
AIRWAY	7	0 - 7	5.07	1.40	72.45%
PATIENT ASSESSMENT	17	2 - 17	13.79	2.17	81.11%
MEDICINE	28	6 - 28	21.72	3.68	77.57%
TRAUMA/SHOCK/RESUSCITATION	25	4 - 24	17.33	2.82	69.32%
SPECIAL PATIENT POPULATIONS	6	0 - 6	4.14	1.17	68.95%
EMS OPERATIONS	4	0 - 4	2.50	1.03	62.56%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	736	74.27
Number of Candidates FAILING	255	25.73
TOTAL Number of Candidates	991	100.00

New York Emergency Medical Services - Statewide Summary Report

For - Emergency Medical Technician - Ambulance

FORM NUMBER 235

TESTED IN 2012

Course - BASIC REFRESHER - SUMMARY BY LEVEL -1st Timers

BASIC REFRESHER DATA BASED ON 581 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	51 - 99	79.38	8.96	79.38%
INTRODUCTION	13	6 - 13	11.46	1.34	88.15%
AIRWAY	7	1 - 7	5.42	1.31	77.40%
PATIENT ASSESSMENT	17	7 - 17	14.15	1.95	83.24%
MEDICINE	28	13 - 28	22.92	3.36	81.85%
TRAUMA/SHOCK/RESUSCITATION	25	9 - 25	17.96	2.69	71.83%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.51	1.07	75.13%
EMS OPERATIONS	4	0 - 4	2.96	0.83	74.05%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	494	85.03			
Number of Candidates FAILING	87	14.97			
TOTAL Number of Candidates	581	100.00			
=====					

New York Emergency Medical Services - Statewide Summary Report

For - Emergency Medical Technician - Ambulance

FORM NUMBER 235

TESTED IN 2012

Course - BASIC REFRESHER - SUMMARY FOR ALL REPEATERS

DATA BASED ON 102 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	44 - 83	65.56	8.61	65.56%
INTRODUCTION	13	4 - 13	9.97	1.85	76.70%
AIRWAY	7	1 - 7	4.14	1.34	59.10%
PATIENT ASSESSMENT	17	6 - 17	11.81	1.99	69.49%
MEDICINE	28	8 - 25	18.76	3.47	67.02%
TRAUMA/SHOCK/RESUSCITATION	25	8 - 20	15.05	2.74	60.20%
SPECIAL PATIENT POPULATIONS	6	0 - 6	3.65	1.26	60.78%
EMS OPERATIONS	4	0 - 4	2.18	0.99	54.41%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	38	37.25
Number of Candidates FAILING	64	62.75
TOTAL Number of Candidates	102	100.00

Professional Examination Service, New York NY 10115
 For NEW YORK EMS PROGRAM - Emergency Medical Technician - Ambulance
 FORM NUMBER 235
 TESTED IN 2012

FIRST TIME CANDIDATES ONLY

FIRST TIMERS FOR 2012 DATA BASED ON 1590 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	30 - 99	76.93	9.89	76.93%
INTRODUCTION	13	3 - 13	11.02	1.58	84.76%
AIRWAY	7	0 - 7	5.21	1.38	74.44%
PATIENT ASSESSMENT	17	2 - 17	13.94	2.10	82.02%
MEDICINE	28	6 - 28	22.21	3.62	79.30%
TRAUMA/SHOCK/RESUSCITATION	25	4 - 25	17.59	2.80	70.35%
SPECIAL PATIENT POPULATIONS	6	0 - 6	4.28	1.14	71.40%
EMS OPERATIONS	4	0 - 4	2.68	0.99	67.01%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1248	78.49
Number of Candidates FAILING	342	21.51
TOTAL Number of Candidates	1590	100.00

Professional Examination Service, New York NY 10115
 For NEW YORK EMS PROGRAM - Emergency Medical Technician - Ambulance
 FORM NUMBER 235
 TESTED IN 2012

REPEATERS ONLY

2012 REPEATERS GROUP DATA BASED ON 102 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	44 - 83	65.56	8.61	65.56%
INTRODUCTION	13	4 - 13	9.97	1.85	76.70%
AIRWAY	7	1 - 7	4.14	1.34	59.10%
PATIENT ASSESSMENT	17	6 - 17	11.81	1.99	69.49%
MEDICINE	28	8 - 25	18.76	3.47	67.02%
TRAUMA/SHOCK/RESUSCITATION	25	8 - 20	15.05	2.74	60.20%
SPECIAL PATIENT POPULATIONS	6	0 - 6	3.65	1.26	60.78%
EMS OPERATIONS	4	0 - 4	2.18	0.99	54.41%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	38	37.25
Number of Candidates FAILING	64	62.75
TOTAL Number of Candidates	102	100.00

ALLEGANY COUNTY - SUMMARY BY COUNTY - 1st Timers

ALLEGANY COUNTY DATA BASED ON 7 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	29 - 47	38.57	5.42	77.14%
INTRODUCTION	11	3 - 10	8.43	2.38	76.62%
AIRWAY	6	2 - 6	4.00	1.20	66.67%
PATIENT ASSESSMENT	5	1 - 5	3.71	1.28	74.29%
MEDICINE	5	4 - 5	4.71	0.45	94.29%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 12	9.57	1.76	73.63%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.57	0.90	76.19%
EMS OPERATIONS	4	3 - 4	3.57	0.49	89.29%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	85.71
Number of Candidates FAILING	1	14.29
TOTAL Number of Candidates	7	100.00

Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

ALLEGANY COUNTY- DATA BASED ON 7 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	29 - 47	38.57	5.42	77.14%
INTRODUCTION	11	3 - 10	8.43	2.38	76.62%
AIRWAY	6	2 - 6	4.00	1.20	66.67%
PATIENT ASSESSMENT	5	1 - 5	3.71	1.28	74.29%
MEDICINE	5	4 - 5	4.71	0.45	94.29%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 12	9.57	1.76	73.63%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.57	0.90	76.19%
EMS OPERATIONS	4	3 - 4	3.57	0.49	89.29%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	85.71
Number of Candidates FAILING	1	14.29
TOTAL Number of Candidates	7	100.00

CHEMUNG COUNTY - SUMMARY BY COUNTY - 1st Timers

CHEMUNG COUNTY DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	29 - 42	37.60	4.50	75.20%
INTRODUCTION	11	4 - 8	7.00	1.55	63.64%
AIRWAY	6	2 - 4	3.20	0.75	53.33%
PATIENT ASSESSMENT	5	3 - 5	4.20	0.98	84.00%
MEDICINE	5	4 - 5	4.60	0.49	92.00%
TRAUMA/SHOCK/RESUSCITATION	13	9 - 12	10.40	1.20	80.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.00	0.89	83.33%
EMS OPERATIONS	4	1 - 4	3.20	1.17	80.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	4	80.00
Number of Candidates FAILING	1	20.00
TOTAL Number of Candidates	5	100.00

Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

CHEMUNG COUNTY- DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	29 - 42	37.60	4.50	75.20%
INTRODUCTION	11	4 - 8	7.00	1.55	63.64%
AIRWAY	6	2 - 4	3.20	0.75	53.33%
PATIENT ASSESSMENT	5	3 - 5	4.20	0.98	84.00%
MEDICINE	5	4 - 5	4.60	0.49	92.00%
TRAUMA/SHOCK/RESUSCITATION	13	9 - 12	10.40	1.20	80.00%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.00	0.89	83.33%
EMS OPERATIONS	4	1 - 4	3.20	1.17	80.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	4	80.00
Number of Candidates FAILING	1	20.00
TOTAL Number of Candidates	5	100.00

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DUTCHESS COUNTY - SUMMARY BY COUNTY - 1st Timers

DUTCHESS COUNTY DATA BASED ON 22 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	29 - 45	37.50	4.81	75.00%
INTRODUCTION	11	7 - 11	8.95	1.11	81.40%
AIRWAY	6	0 - 6	4.27	1.42	71.21%
PATIENT ASSESSMENT	5	2 - 5	3.64	1.02	72.73%
MEDICINE	5	2 - 5	4.32	0.87	86.36%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 12	9.23	1.41	70.98%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.09	1.41	68.18%
EMS OPERATIONS	4	1 - 4	3.00	0.80	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	15	68.18
Number of Candidates FAILING	7	31.82
TOTAL Number of Candidates	22	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

DUTCHESS COUNTY- DATA BASED ON 11 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	29 - 41	35.00	3.38	70.00%
INTRODUCTION	11	7 - 10	8.55	0.89	77.69%
AIRWAY	6	0 - 5	3.82	1.47	63.64%
PATIENT ASSESSMENT	5	2 - 4	3.27	0.75	65.45%
MEDICINE	5	2 - 5	3.82	0.94	76.36%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 11	9.27	1.21	71.33%
SPECIAL PATIENT POPULATIONS	6	1 - 5	3.27	1.05	54.55%
EMS OPERATIONS	4	1 - 4	3.00	0.85	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	7	63.64
Number of Candidates FAILING	4	36.36
TOTAL Number of Candidates	11	100.00

Course - FIRST RESPONDER REFRESHER - SUMMARY BY LEVEL

DUTCHESS COUNTY- DATA BASED ON 11 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	31 - 45	40.00	4.73	80.00%
INTRODUCTION	11	7 - 11	9.36	1.15	85.12%
AIRWAY	6	2 - 6	4.73	1.21	78.79%
PATIENT ASSESSMENT	5	2 - 5	4.00	1.13	80.00%
MEDICINE	5	4 - 5	4.82	0.39	96.36%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 12	9.18	1.59	70.63%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.91	1.24	81.82%
EMS OPERATIONS	4	2 - 4	3.00	0.74	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	72.73
Number of Candidates FAILING	3	27.27
TOTAL Number of Candidates	11	100.00

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ERIE COUNTY - SUMMARY BY COUNTY - 1st Timers

ERIE COUNTY DATA BASED ON 20 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	27 - 45	39.00	4.48	78.00%
INTRODUCTION	11	6 - 11	8.90	1.34	80.91%
AIRWAY	6	2 - 6	4.15	0.91	69.17%
PATIENT ASSESSMENT	5	1 - 5	4.00	1.00	80.00%
MEDICINE	5	3 - 5	4.10	0.77	82.00%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 12	9.35	1.77	71.92%
SPECIAL PATIENT POPULATIONS	6	1 - 6	5.00	1.14	83.33%
EMS OPERATIONS	4	2 - 4	3.50	0.67	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	18	90.00
Number of Candidates FAILING	2	10.00
TOTAL Number of Candidates	20	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

ERIE COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	27 - 45	37.75	6.14	75.50%
INTRODUCTION	11	6 - 11	8.25	1.56	75.00%
AIRWAY	6	2 - 6	4.00	1.12	66.67%
PATIENT ASSESSMENT	5	1 - 5	3.88	1.27	77.50%
MEDICINE	5	3 - 5	4.12	0.78	82.50%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 12	9.25	2.11	71.15%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.75	1.56	79.17%
EMS OPERATIONS	4	2 - 4	3.50	0.71	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	6	75.00
Number of Candidates FAILING	2	25.00
TOTAL Number of Candidates	8	100.00

Course - FIRST RESPONDER REFRESHER - SUMMARY BY LEVEL

ERIE COUNTY- DATA BASED ON 12 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	36 - 44	39.83	2.58	79.67%
INTRODUCTION	11	7 - 10	9.33	0.94	84.85%
AIRWAY	6	3 - 5	4.25	0.72	70.83%
PATIENT ASSESSMENT	5	3 - 5	4.08	0.76	81.67%
MEDICINE	5	3 - 5	4.08	0.76	81.67%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 12	9.42	1.50	72.44%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.17	0.69	86.11%
EMS OPERATIONS	4	2 - 4	3.50	0.65	87.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	12	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	12	100.00

ONONDAGA COUNTY - SUMMARY BY COUNTY - 1st Timers

ONONDAGA COUNTY DATA BASED ON 12 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	28 - 45	38.50	4.68	77.00%
INTRODUCTION	11	6 - 11	9.08	1.71	82.58%
AIRWAY	6	2 - 6	4.33	1.25	72.22%
PATIENT ASSESSMENT	5	3 - 5	3.75	0.60	75.00%
MEDICINE	5	3 - 5	4.17	0.69	83.33%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 11	8.75	1.30	67.31%
SPECIAL PATIENT POPULATIONS	6	2 - 6	5.00	1.15	83.33%
EMS OPERATIONS	4	1 - 4	3.42	0.86	85.42%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	9	75.00
Number of Candidates FAILING	3	25.00
TOTAL Number of Candidates	12	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

ONONDAGA COUNTY- DATA BASED ON 12 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	28 - 45	38.50	4.68	77.00%
INTRODUCTION	11	6 - 11	9.08	1.71	82.58%
AIRWAY	6	2 - 6	4.33	1.25	72.22%
PATIENT ASSESSMENT	5	3 - 5	3.75	0.60	75.00%
MEDICINE	5	3 - 5	4.17	0.69	83.33%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 11	8.75	1.30	67.31%
SPECIAL PATIENT POPULATIONS	6	2 - 6	5.00	1.15	83.33%
EMS OPERATIONS	4	1 - 4	3.42	0.86	85.42%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	9	75.00
Number of Candidates FAILING	3	25.00
TOTAL Number of Candidates	12	100.00

ONTARIO COUNTY - SUMMARY BY COUNTY - 1st Timers

ONTARIO COUNTY DATA BASED ON 7 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	31 - 45	37.71	5.06	75.43%
INTRODUCTION	11	7 - 11	9.29	1.39	84.42%
AIRWAY	6	2 - 5	3.57	0.90	59.52%
PATIENT ASSESSMENT	5	3 - 4	3.71	0.45	74.29%
MEDICINE	5	4 - 5	4.57	0.49	91.43%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 12	8.86	2.10	68.13%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.29	0.88	88.10%
EMS OPERATIONS	4	1 - 3	2.43	0.73	60.71%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	5	71.43
Number of Candidates FAILING	2	28.57
TOTAL Number of Candidates	7	100.00

Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

ONTARIO COUNTY- DATA BASED ON 5 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	31 - 44	36.80	4.79	73.60%
INTRODUCTION	11	8 - 11	9.40	1.02	85.45%
AIRWAY	6	2 - 4	3.20	0.75	53.33%
PATIENT ASSESSMENT	5	3 - 4	3.60	0.49	72.00%
MEDICINE	5	4 - 5	4.40	0.49	88.00%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 12	8.80	2.14	67.69%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.00	0.89	83.33%
EMS OPERATIONS	4	1 - 3	2.40	0.80	60.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	3	60.00
Number of Candidates FAILING	2	40.00
TOTAL Number of Candidates	5	100.00

Course - FIRST RESPONDER REFRESHER - SUMMARY BY LEVEL

ONTARIO COUNTY- DATA BASED ON 2 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	35 - 45	40.00	5.00	80.00%
INTRODUCTION	11	7 - 11	9.00	2.00	81.82%
AIRWAY	6	4 - 5	4.50	0.50	75.00%
PATIENT ASSESSMENT	5	4 - 4	4.00	0.00	80.00%
MEDICINE	5	5 - 5	5.00	0.00	100.00%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 11	9.00	2.00	69.23%
SPECIAL PATIENT POPULATIONS	6	6 - 6	6.00	0.00	100.00%
EMS OPERATIONS	4	2 - 3	2.50	0.50	62.50%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	2	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	2	100.00

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QUEENS COUNTY - SUMMARY BY COUNTY - 1st Timers

QUEENS COUNTY DATA BASED ON 190 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	33 - 48	41.91	3.11	83.81%
INTRODUCTION	11	5 - 11	9.76	1.07	88.76%
AIRWAY	6	2 - 6	5.11	0.85	85.09%
PATIENT ASSESSMENT	5	2 - 5	4.06	0.85	81.26%
MEDICINE	5	3 - 5	4.51	0.65	90.21%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	9.55	1.31	73.48%
SPECIAL PATIENT POPULATIONS	6	2 - 6	5.37	0.80	89.56%
EMS OPERATIONS	4	1 - 4	3.54	0.62	88.42%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	187	98.42
Number of Candidates FAILING	3	1.58
TOTAL Number of Candidates	190	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

QUEENS COUNTY- DATA BASED ON 1 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	42 - 42	42.00	0.00	84.00%
INTRODUCTION	11	9 - 9	9.00	0.00	81.82%
AIRWAY	6	5 - 5	5.00	0.00	83.33%
PATIENT ASSESSMENT	5	5 - 5	5.00	0.00	100.00%
MEDICINE	5	5 - 5	5.00	0.00	100.00%
TRAUMA/SHOCK/RESUSCITATION	13	10 - 10	10.00	0.00	76.92%
SPECIAL PATIENT POPULATIONS	6	6 - 6	6.00	0.00	100.00%
EMS OPERATIONS	4	2 - 2	2.00	0.00	50.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	1	100.00

Course - FIRST RESPONDER REFRESHER - SUMMARY BY LEVEL

QUEENS COUNTY- DATA BASED ON 189 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	33 - 48	41.90	3.11	83.81%
INTRODUCTION	11	5 - 11	9.77	1.07	88.79%
AIRWAY	6	2 - 6	5.11	0.85	85.10%
PATIENT ASSESSMENT	5	2 - 5	4.06	0.85	81.16%
MEDICINE	5	3 - 5	4.51	0.65	90.16%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	9.55	1.31	73.46%
SPECIAL PATIENT POPULATIONS	6	2 - 6	5.37	0.80	89.51%
EMS OPERATIONS	4	1 - 4	3.54	0.61	88.62%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	186	98.41
Number of Candidates FAILING	3	1.59
TOTAL Number of Candidates	189	100.00

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ST. LAWRENCE COUNTY - SUMMARY BY COUNTY - 1st Timers

ST. LAWRENCE COUNTY DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	35 - 46	39.75	3.67	79.50%
INTRODUCTION	11	7 - 11	8.75	1.30	79.55%
AIRWAY	6	3 - 6	4.75	0.83	79.17%
PATIENT ASSESSMENT	5	3 - 5	3.88	0.60	77.50%
MEDICINE	5	3 - 5	4.25	0.66	85.00%
TRAUMA/SHOCK/RESUSCITATION	13	8 - 12	9.88	1.45	75.96%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.25	0.66	87.50%
EMS OPERATIONS	4	2 - 4	3.00	0.87	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	8	100.00

Professional Examination Service, New York NY 10115
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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

ST. LAWRENCE COUNTY- DATA BASED ON 8 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	35 - 46	39.75	3.67	79.50%
INTRODUCTION	11	7 - 11	8.75	1.30	79.55%
AIRWAY	6	3 - 6	4.75	0.83	79.17%
PATIENT ASSESSMENT	5	3 - 5	3.88	0.60	77.50%
MEDICINE	5	3 - 5	4.25	0.66	85.00%
TRAUMA/SHOCK/RESUSCITATION	13	8 - 12	9.88	1.45	75.96%
SPECIAL PATIENT POPULATIONS	6	4 - 6	5.25	0.66	87.50%
EMS OPERATIONS	4	2 - 4	3.00	0.87	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	8	100.00
Number of Candidates FAILING	0	0.00
TOTAL Number of Candidates	8	100.00

STEUBEN COUNTY - SUMMARY BY COUNTY - 1st Timers

STEUBEN COUNTY DATA BASED ON 15 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	19 - 43	36.00	5.40	72.00%
INTRODUCTION	11	3 - 11	8.53	2.16	77.58%
AIRWAY	6	2 - 6	3.80	1.42	63.33%
PATIENT ASSESSMENT	5	2 - 5	3.53	0.88	70.67%
MEDICINE	5	2 - 5	4.07	0.93	81.33%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	8.33	1.92	64.10%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.73	0.85	78.89%
EMS OPERATIONS	4	1 - 4	3.00	0.89	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	10	66.67
Number of Candidates FAILING	5	33.33
TOTAL Number of Candidates	15	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

STEUBEN COUNTY- DATA BASED ON 15 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	19 - 43	36.00	5.40	72.00%
INTRODUCTION	11	3 - 11	8.53	2.16	77.58%
AIRWAY	6	2 - 6	3.80	1.42	63.33%
PATIENT ASSESSMENT	5	2 - 5	3.53	0.88	70.67%
MEDICINE	5	2 - 5	4.07	0.93	81.33%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	8.33	1.92	64.10%
SPECIAL PATIENT POPULATIONS	6	2 - 6	4.73	0.85	78.89%
EMS OPERATIONS	4	1 - 4	3.00	0.89	75.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	10	66.67
Number of Candidates FAILING	5	33.33
TOTAL Number of Candidates	15	100.00

WESTCHESTER COUNTY - SUMMARY BY COUNTY - 1st Timers

WESTCHESTER COUNTY DATA BASED ON 14 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	28 - 46	39.86	5.79	79.71%
INTRODUCTION	11	3 - 10	8.29	1.91	75.32%
AIRWAY	6	2 - 6	4.14	1.06	69.05%
PATIENT ASSESSMENT	5	2 - 5	3.64	0.97	72.86%
MEDICINE	5	4 - 5	4.64	0.48	92.86%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 13	11.07	1.91	85.16%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.93	1.03	82.14%
EMS OPERATIONS	4	1 - 4	3.14	1.12	78.57%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	78.57
Number of Candidates FAILING	3	21.43
TOTAL Number of Candidates	14	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL

WESTCHESTER COUNTY- DATA BASED ON 14 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	28 - 46	39.86	5.79	79.71%
INTRODUCTION	11	3 - 10	8.29	1.91	75.32%
AIRWAY	6	2 - 6	4.14	1.06	69.05%
PATIENT ASSESSMENT	5	2 - 5	3.64	0.97	72.86%
MEDICINE	5	4 - 5	4.64	0.48	92.86%
TRAUMA/SHOCK/RESUSCITATION	13	7 - 13	11.07	1.91	85.16%
SPECIAL PATIENT POPULATIONS	6	3 - 6	4.93	1.03	82.14%
EMS OPERATIONS	4	1 - 4	3.14	1.12	78.57%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	11	78.57
Number of Candidates FAILING	3	21.43
TOTAL Number of Candidates	14	100.00

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Course - FIRST RESPONDER ORIGINAL - SUMMARY BY LEVEL -1st Timers

FIRST RESPONDER ORIGINAL DATA BASED ON 86 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	19 - 47	37.78	5.27	75.56%
INTRODUCTION	11	3 - 11	8.52	1.79	77.48%
AIRWAY	6	0 - 6	4.00	1.25	66.67%
PATIENT ASSESSMENT	5	1 - 5	3.69	0.93	73.72%
MEDICINE	5	2 - 5	4.28	0.77	85.58%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	9.45	1.92	72.72%
SPECIAL PATIENT POPULATIONS	6	1 - 6	4.70	1.18	78.29%
EMS OPERATIONS	4	1 - 4	3.14	0.94	78.49%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	65	75.58			
Number of Candidates FAILING	21	24.42			
TOTAL Number of Candidates	86	100.00			
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For - Emergency Medical Technician - FIRST RESPONDERS

FORM NUMBER 239

TESTED IN 2012

Course - FIRST RESPONDER REFRESHER - SUMMARY BY LEVEL -1st Timers

FIRST RESPONDER REFRESHER DATA BASED ON 214 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	31 - 48	41.67	3.27	83.35%
INTRODUCTION	11	5 - 11	9.71	1.09	88.32%
AIRWAY	6	2 - 6	5.03	0.89	83.88%
PATIENT ASSESSMENT	5	2 - 5	4.06	0.86	81.12%
MEDICINE	5	3 - 5	4.50	0.65	90.09%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	9.52	1.35	73.22%
SPECIAL PATIENT POPULATIONS	6	2 - 6	5.34	0.83	89.02%
EMS OPERATIONS	4	1 - 4	3.50	0.64	87.62%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	208	97.20
Number of Candidates FAILING	6	2.80
TOTAL Number of Candidates	214	100.00

New York Emergency Medical Services - Statewide Summary Report

For - Emergency Medical Technician - FIRST RESPONDERS

FORM NUMBER 239

TESTED IN 2012

Course - FIRST RESPONDER REFRESHER - SUMMARY FOR ALL REPEATERS

DATA BASED ON 9 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	24 - 42	34.33	5.01	68.67%
INTRODUCTION	11	7 - 11	8.33	1.15	75.76%
AIRWAY	6	2 - 6	4.00	1.33	66.67%
PATIENT ASSESSMENT	5	2 - 5	3.56	1.26	71.11%
MEDICINE	5	2 - 5	3.67	0.94	73.33%
TRAUMA/SHOCK/RESUSCITATION	13	5 - 11	8.00	2.21	61.54%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.89	1.52	64.81%
EMS OPERATIONS	4	2 - 4	2.89	0.74	72.22%
=====					
PASSING AND FAILING COUNTS	N	PERCENT			
=====					
Number of Candidates PASSING	5	55.56			
Number of Candidates FAILING	4	44.44			
TOTAL Number of Candidates	9	100.00			
=====					

Professional Examination Service, New York NY 10115
 For NEW YORK EMS PROGRAM - Emergency Medical Technician - Ambulance
 FORM NUMBER 235
 TESTED IN 2012

ALL CANDIDATES

2012 TOTAL GROUP DATA BASED ON 1692 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	100	30 - 99	76.25	10.18	76.25%
INTRODUCTION	13	3 - 13	10.96	1.61	84.27%
AIRWAY	7	0 - 7	5.15	1.40	73.51%
PATIENT ASSESSMENT	17	2 - 17	13.82	2.16	81.26%
MEDICINE	28	6 - 28	22.00	3.70	78.56%
TRAUMA/SHOCK/RESUSCITATION	25	4 - 25	17.44	2.86	69.74%
SPECIAL PATIENT POPULATIONS	6	0 - 6	4.25	1.16	70.76%
EMS OPERATIONS	4	0 - 4	2.65	1.00	66.25%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	1286	76.00
Number of Candidates FAILING	406	24.00
TOTAL Number of Candidates	1692	100.00

Professional Examination Service, New York NY 10115
 For NEW YORK EMS PROGRAM - Emergency Medical Technician - FIRST RESPONDERS
 FORM NUMBER 239
 TESTED IN 2012

FIRST TIME CANDIDATES ONLY

FIRST TIMERS FOR 2012 DATA BASED ON 300 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	19 - 48	40.56	4.32	81.11%
INTRODUCTION	11	3 - 11	9.37	1.43	85.21%
AIRWAY	6	0 - 6	4.74	1.11	78.94%
PATIENT ASSESSMENT	5	1 - 5	3.95	0.89	79.00%
MEDICINE	5	2 - 5	4.44	0.70	88.80%
TRAUMA/SHOCK/RESUSCITATION	13	6 - 13	9.50	1.54	73.08%
SPECIAL PATIENT POPULATIONS	6	1 - 6	5.16	0.99	85.94%
EMS OPERATIONS	4	1 - 4	3.40	0.76	85.00%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	273	91.00
Number of Candidates FAILING	27	9.00
TOTAL Number of Candidates	300	100.00

Professional Examination Service, New York NY 10115
 For NEW YORK EMS PROGRAM - Emergency Medical Technician - FIRST RESPONDERS
 FORM NUMBER 239
 TESTED IN 2012

REPEATERS ONLY

2012 REPEATERS GROUP DATA BASED ON 9 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	24 - 42	34.33	5.01	68.67%
INTRODUCTION	11	7 - 11	8.33	1.15	75.76%
AIRWAY	6	2 - 6	4.00	1.33	66.67%
PATIENT ASSESSMENT	5	2 - 5	3.56	1.26	71.11%
MEDICINE	5	2 - 5	3.67	0.94	73.33%
TRAUMA/SHOCK/RESUSCITATION	13	5 - 11	8.00	2.21	61.54%
SPECIAL PATIENT POPULATIONS	6	1 - 6	3.89	1.52	64.81%
EMS OPERATIONS	4	2 - 4	2.89	0.74	72.22%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	5	55.56
Number of Candidates FAILING	4	44.44
TOTAL Number of Candidates	9	100.00

Professional Examination Service, New York NY 10115
 For NEW YORK EMS PROGRAM - Emergency Medical Technician - FIRST RESPONDERS
 FORM NUMBER 239
 TESTED IN 2012

ALL CANDIDATES

2012 TOTAL GROUP DATA BASED ON 309 CANDIDATES

	MAXIMUM RAW SCORES	RANGE OF RAW SCORES	AVERAGE RAW SCORE	STANDARD DEVIATION	AVERAGE PERCENT SCORE
TOTAL	50	19 - 48	40.38	4.47	80.75%
INTRODUCTION	11	3 - 11	9.34	1.44	84.94%
AIRWAY	6	0 - 6	4.72	1.12	78.59%
PATIENT ASSESSMENT	5	1 - 5	3.94	0.91	78.77%
MEDICINE	5	2 - 5	4.42	0.72	88.35%
TRAUMA/SHOCK/RESUSCITATION	13	5 - 13	9.46	1.58	72.74%
SPECIAL PATIENT POPULATIONS	6	1 - 6	5.12	1.03	85.33%
EMS OPERATIONS	4	1 - 4	3.39	0.76	84.63%

PASSING AND FAILING COUNTS	N	PERCENT
Number of Candidates PASSING	278	89.97
Number of Candidates FAILING	31	10.03
TOTAL Number of Candidates	309	100.00

Attachment 18
Specific Annual Report Fields

Statewide Annual Report Fields

Summary Report for Entire State

1. Title of Report
2. Testing Period Report Reflects
3. Examination Level of Report
4. Statewide Data Based on Number of Candidates
5. Topic and/or Exam Sub-Section Title
6. Maximum Raw Score
7. Range of Raw Score
8. Average Raw Score
9. Standard Deviation
10. Average Percentage
11. Passing and Failing Counts
 - a. Number of Candidates Passing and Failing
 - i. Number of Students Taking EMT-Basic Portion
 - ii. Percentage of Students that Passed and Failed
 - iii. Number of Students Taking Advanced Portion
 - iv. Percentage of Students that Passed and Failed
 - v. Combined/Overall Number of Students
 - vi. Combined/Overall Percentage of Students that Passed and Failed
12. Individual Reports for Course Types:
 - a. EMT – Basic Original Courses
 - b. EMT – Basic Refresher Courses
 - c. CFR – Original Courses
 - d. CFR – Refresher Courses
 - e. EMT – Intermediate Original Courses
 - f. EMT – Intermediate Refresher Courses
 - g. EMT – Intermediate Rapid Refresher Courses
 - h. EMT – Critical Care Original Courses
 - i. EMT – Critical Care Refresher Courses
 - j. EMT – Critical Care Rapid Refresher Courses
 - k. EMT – Paramedic Original Courses
 - l. EMT – Paramedic Refresher Courses
 - m. EMT – Paramedic Rapid Refresher Courses
 - n. Instructor Score Only EMT – Basic
 - o. Instructor Score Only EMT – Intermediate
 - p. Instructor Score Only EMT – Critical Care
 - q. Instructor Score Only EMT – Paramedic

Summary Report of Statewide Data – By County

1. Title of Report
2. Testing Period Report Reflects
3. Examination Level of Report
4. Statewide Data Based on Number of Candidates
5. Topic and/or Exam Sub-Section Title
6. Maximum Raw Score
7. Range of Raw Score
8. Average Raw Score
9. Standard Deviation

10. Average Percentage

11. Passing and Failing Counts

- a. Number of Candidates Passing and Failing
 - i. Number of Students Taking EMT-Basic Portion
 - ii. Percentage of Students that Passed and Failed
 - iii. Number of Students Taking Advanced Portion
 - iv. Percentage of Students that Passed and Failed
 - v. Combined/Overall Number of Students
 - vi. Combined/Overall Percentage of Students that Passed and Failed

12. Individual Reports for Course Types:

- a. EMT – Basic Original Courses
- b. EMT – Basic Refresher Courses
- c. CFR – Original Courses
- d. CFR – Refresher Courses
- e. EMT – Intermediate Original Courses
- f. EMT – Intermediate Refresher Courses
- g. EMT – Intermediate Rapid Refresher Courses
- h. EMT – Critical Care Original Courses
- i. EMT – Critical Care Refresher Courses
- j. EMT – Critical Care Rapid Refresher Courses
- k. EMT – Paramedic Original Courses
- l. EMT – Paramedic Refresher Courses
- m. EMT – Paramedic Rapid Refresher Courses
- n. Instructor Score Only EMT – Basic
- o. Instructor Score Only EMT – Intermediate
- p. Instructor Score Only EMT – Critical Care
- q. Instructor Score Only EMT – Paramedic