

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services & Trauma Systems

# Registration for Emergency Medical Technicians' Exam Test Scheduling Request

**Please Print**

Name \_\_\_\_\_  
First Name MI Last Name

Address \_\_\_\_\_  
Street APT. #

\_\_\_\_\_ City State Zip Code

Address Change      Email Address \_\_\_\_\_

**BEMS USE ONLY:**

Scheduled for: \_\_\_\_\_ Site #: \_\_\_\_\_

Exam Level:  CFR    EMT    A-EMT    Critical Care    Paramedic   Instructor  CIC    CLI

Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Get from your instructor or exam ticket)  
(Course Number) (EMT Number)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Month Day Year Daytime Number

Selected Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: 7:00 p.m. My Original Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

**Please Choose Between One of the Following Test Sites**

- Regional Test Site (RTS) Location: \_\_\_\_\_ (Refer to [RTS list](#) on our web site. Select a site and indicate site number here).
- ▶ It will take approximately 4 weeks to get your test score in the mail.
  - ▶ There is no charge.
  - ▶ Students who have received prior approval for an ADA accommodation may be tested at a Regional Test Site. Please make sure that you notify us that you have already requested an accommodation.

– OR –

- On-Site Scoring Test Site Location: (Not available for CFR Level)
- Please refer to the OSS list.  
 Select the site you wish to register for and place the number of that site in the box to the right.
- OSS Number**
- ▶ There is a **fee of \$20.00 payable to PSI** in the form of money order or certified check. No cash, credit cards or personal checks will be accepted. Payment is to be made at the examination site.
  - ▶ There is **NO** on-site scoring examination available for CFR Level.
  - ▶ We are not able to test students requiring an ADA accommodation at on-site scoring locations.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**IMPORTANT!**

▶ Requests for test scheduling are due to the Bureau of Emergency Medical Services no later than eight weeks before the scheduled examination date. For exam testing dates and testing locations, please refer to [www.health.ny.gov/professionals/ems/certification](http://www.health.ny.gov/professionals/ems/certification). There is limited seating at most locations and registrations are taken on a "first come, first serve" basis. **If you do not receive your exam confirmation by email within three weeks of the scheduled exam date, please notify the office immediately.**

**NEW ADDRESS**  
 As of April 1, 2019, test scheduling requests will only be accepted by email.  
 Scan completed form and email to [ems.test.request@health.ny.gov](mailto:ems.test.request@health.ny.gov)

**SUBMIT**

**PLEASE NOTE: FAX SUBMISSIONS WILL NO LONGER BE ACCEPTED**

**If you are registering for an exam and you have a failure letter from on-site scoring, you must include the letter with this form.**