

OREGON HEALTH AUTHORITY
EMS & Trauma Systems
P.O. Box 14450
Portland, OR 97293-0450
971-673-0526
Fax 971-673-0555

Examination Reservation Request

Initial: EMT Advanced EMT-Intermediate Paramedic

Date of Examination: _____ Exam Location: _____ Exam Time: _____ (am/pm)

Exam Coordinator Name: _____ Exam Coordinator Contact Phone: _____

LIST IN ALPHABETICAL ORDER ONLY THOSE STUDENTS WHO ARE REQUESTING TO TEST.

- **Include full name with middle initial.**
- For advanced exams (AEMT and paramedic): Psychomotor Authorization to Test number (PATT) is required in order to reserve them for the psychomotor exam. This will be assigned from NREMT.
- For Re-examinations: Specify the location and date of previous test(s). No re-exam attempts are permitted until the candidate has received their official results and has submitted the re-examination application and fee to OHA-EMS.

THIS LIST MUST BE SUBMITTED 3 WEEKS PRIOR TO EXAMINATION DATE

SUBMIT THIS ROSTER TO: OHA/EMS, PO BOX 14450, PORTLAND OR 97293-0450.

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Exam Reservation Candidates- Initial Attempt

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>AEMT/PARAMEDIC</u> List Psychomotor Authorization to Test Number (PATT)
1				
2				
3				
4				
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13				
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15				
16				
17				
18				

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>AEMT/PARAMEDIC</u> List Psychomotor Authorization to Test Number (PATT)
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				

Exam Reservation Candidates- Add-Ons and Retests

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Attempt</u>	<u>RE- EXAMS:</u> Location Previously Tested	<u>RE- EXAMS:</u> Date Previously Tested	<u>RE- EXAMS:</u> Skills to be Retested	<u>AEMT/PARAMEDIC</u> List Psychomotor Authorization to Test Number (PATT)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Course Director's Name (print)

Course Director's Signature

Date

Revised: 05/25/17