WRITTEN TEST REQUEST

FIRST RESPONDER INITIAL
FIRST RESPONDER REFRESHER
EMT-B REFRESHER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60016 (8/2011)

Print Form

Submit by

ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF 2 WEEKS PRIOR TO SCHEDULED TEST DATE.
This form is for requesting First Responder initial, First Responder refresher and EMT-B refresher tests only.

Course Authorization Number:	Course Coordinator Number:
Scheduled Completion Date:	Scheduled Testing Date:
Number of First Responder tests required:	Number of EMT-B tests required:

Send test materials to:		
Name:		
Mailing Address:		
City:	State:	Zip Code:

Test booklets and answer sheets for the number requested, along with one master answer key will be sent prior to the scheduled testing date unless otherwise noted by DEMST.

Test booklets and answer key cannot be written on and must be returned to DEMST.

A licensed EMS Instructor / Coordinator or CEC may also create a test and is not required to use a test supplied by DEMST.

Send test request to:

ND Department of Health
Division of EMS and Trauma
600 E Boulevard Ave - Dept 301
Bismarck ND 58505-0200
Phone: 701.328.2388
Fax: 701.328.1702
Email: dems@nd.gov
www.ndhealth.gov/ems

DEMST use only:
Date materials sent:
Test version sent:
Date materials returned: