

**USE THIS FORM FOR ALS PRACTICAL EXAMS AFTER JUNE 1, 2011**

Oklahoma State Department of Health  
Emergency Medical Service Division

*This Application is for*

**Advanced Level PRACTICAL Examination**

**Print or Type All Information** Date of Application: \_\_\_\_\_

***This Application is for.....***

**A.** (Please Check One):  Intermediate-85 level  AEMT  Paramedic level

**B.** This exam is for a(n) (Please Check One):  Initial Practical  Retest Practical

**If for "Retest Practical", I need a** (Please Check One)  Full Practical  Partial Practical

**NOTE: If you checked "Retest" above send a copy of your National Registry Results**

**Letter or list skills needed on the back of this form .....**

Name: \_\_\_\_\_

*Last Name First Name Middle Initial*

Home

Address \_\_\_\_\_

*Street or PO Box*

City, State, Zip: \_\_\_\_\_

*City State Zip Code*

Residence County: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

OSDH Course # \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Current State EMT #: \_\_\_\_\_ Expires: 06/30/\_\_\_\_

**OR**

Current National Registry # \_\_\_\_\_ Expires: 03/31/\_\_\_\_

Training Instructor's

Program: \_\_\_\_\_ Name: \_\_\_\_\_

Date Course

Completed: \_\_\_\_\_ Remedial Training Date: \_\_\_\_\_

**[NOTE: Only for a third time, or full retest]**

*The above information is true and correct to the best of my knowledge. I understand by signing this form, any fraudulent entry may be sufficient cause for rejection and revocation of any subsequent license, which may be issued. I have read and understand both sides of this Application*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send all documents and fees to:

OSDH - Financial Management

PO Box 268823

Oklahoma City, OK 73126-8823

**BEFORE MAILING YOUR APPLICATIONS, YOU MUST COMPLY WITH THE FOLLOWING:**

**SEE BACK**



USE THIS FORM FOR ALS PRACTICAL EXAMS AFTER JANUARY 1, 2007  
BEFORE MAILING YOUR APPLICATIONS, YOU MUST COMPLY WITH THE FOLLOWING

## **INITIAL EXAMINATION** Fee for Full Initial Practical

Intermediate – '85 - \$160.00

Advanced Emergency Medical Technician (AEMT) - \$160.00

Paramedic - \$210.00

[First time exam includes 1) Oklahoma License Fee, 2) ALS Practical and one 'same day retest', and 3) \$10.00 Death Benefit]. Candidates who test the ALS practical "Out of State" must pay the full Oklahoma EMS License fee and DO NOT get their "Out of State" practical fee reimbursed.

**[This fee was modified July 1, 2008 by HB 2693 - \$10.00 provides for a \$5000 death benefit for EMT's killed in the line of duty.]**

**NOTE:** Include an Oklahoma EMT License Application and Certificate of Citizenship, with this ALS Exam application form for "FIRST TIME" exams.

## **RETEST(S) EXAMINATION**

Full Practical Retest \$100.00

Partial Practical Retest \$ 50.00

Examination application and the appropriate fee should be submitted to the State Financial Management Office. The fee must be submitted in the form of a money order, cashier's check, company check, or personal check payable to the OSDH-EMS.

Fees for examination are non-refundable except if the application is rejected or in the case of a documented hardship, a refund may be at the discretion of the Department. O.A.C 310:641-5-11(4).

Due to limited space, receipt of your application does not guarantee space will be available for a specific exam. Applicants are scheduled on the first available test date. OSDH will notify candidates of when, where and what time to report to each examination. This notification will be sent three weeks before the exam date.

### **List of Skills Needed for a RETEST:**

---

---

---