

USE THIS FORM FOR ALS PRACTICAL EXAMS AFTER JANUARY 1, 2007

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

- (Please Check One): Intermediate-85 level Paramedic level
 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

Name: _____

LastName FirstName Middle Initial

Home Address _____

Street or PO Box
City, State, Zip: _____

City State Zip Code
Residence County: _____ SSN: _____ / _____ / _____

OSDH Course # _____ Telephone Number (____) _____

State EMT #: _____ Expires: 03/31/ _____

OR
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 73 126-8823
OSDH-EMS Receipt:

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

SEE BACK

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EMT-Intermediate or EMT-Paramedic

INITIAL

Fee for Full Initial Practical Intermediate \$160.00. Paramedic \$210.00 [First time exam includes Oklahoma License Fee].

This fee was modified July 1, 2008 by HB 2693 - this provides for a \$5000 death benefit

for EMT's killed in the line of duty. This \$10.00 fee will expire in two years.

NOTE: Include an Oklahoma EMT License Application with this form for "FIRST TIME"

exams.

RETEST(S)

Full Practical Retest \$100.00 When **retesting** a practical - ONLY this State ALS Practical Partial Practical Retest \$50.00 Examination application and the appropriate fee should be submitted to the State EMS 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. **If trained in Oklahoma initial**

practical fee will include State Licensure Fee when CBT is passed and a copy of

both the State application and National Registry card has been submitted to the

State EMS Office.

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.