

*This Application is for*

**Advanced Level PRACTICAL Examination**

Print or Type All Information

Date of Application: \_\_\_\_\_

*This Application is for*

(Please Circle One):

Intermediate level

Paramedic level

I need a(n) (Please Circle One):

Initial Practical

Retest Practical

If for "Retest Practical", I need a (Please Circle One) Full Practical

Partial Practical

**NOTE: If you circled Retest above, include a copy of your National Registry Results Letter with this application.**

---

---

Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

Home Address: \_\_\_\_\_  
*Street or PO Box*

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

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

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

State EMT #: \_\_\_\_\_ Expires: 03/31/\_\_\_\_\_

Training Program: \_\_\_\_\_ Instructor's 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  
P. O. Box 268823  
Oklahoma City, OK 73126-8823

BEFORE MAILING YOUR APPLICATION, REVIEW AND ENSURE YOU COMPLY WITH  
INSTRUCTIONS ON THE REVERSE OF THIS FORM  
**SEE BACK**

BEFORE MAILING YOUR APPLICATIONS, YOU MUST COMPLY WITH THE FOLLOWING

**EMT-Intermediate or EMT-Paramedic  
INITIAL**

Fee for Full Initial Practical \$150.00 [First time exam includes Oklahoma License Fee]

**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, or company 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.