

## EMR/EMT Verification of Training to Test at an Alternate Site

Please TYPE or PRINT all information:

**TO THE ORIGINAL TRAINING PROGRAM:**

Use this form to verify training of the EMT or EMR candidate who has successfully completed all didactic and clinical portions of their training and who will be taking the State EMS Practical Examination outside of your school. This form should also be used in cases where a partial EMS Practical Examination is performed at a different site and in the case of re-testing for a lapsed license. A representative of the original Training Institution should complete the following information and give it to the candidate, who should take it to the other Oklahoma practical examination site.

Candidate Name \_\_\_\_\_

Level of Training:  EMT     EMR

Name of Training Site \_\_\_\_\_

Oklahoma Training Site Lic. # \_\_\_\_\_

Course Authorization Number: \_\_\_\_\_

- First time (complete) State Practical Examination
- Original Practical has expired [more that one year since original]
- Retest.    Date of first attempted examination \_\_\_\_\_
  - An entire practical examination
  - Only a partial retest - skill(s) needed: \_\_\_\_\_

Signature of  
Original Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS VALID FOR NO LONGER THAN 30 DAYS FROM THE ABOVE DATE**

**To the Practical Examination Coordinator:**

Accept ONLY this original form, signed and dated. Upon conclusion of your examination, complete a separate 'Site Summary Sheet' on this individual, attach this form and submit it separate from your other examination paperwork. Send this information to the Oklahoma EMS office, and a copy to the originating training program.

If you have any question as to the validity of this paperwork, or the validity of the candidate, DO NOT TEST the individual. Submit this form and a brief letter as to why you did not allow the candidate to test.

**Mail, Fax or Email to:**  
**OSDH – EMS Division, Attn: Educational Coordinator**  
**1000 NE 10<sup>th</sup> Street, Oklahoma City, OK 73117-1299**  
**Fax: (405)271-4240**  
**Email: [roberti@health.ok.gov](mailto:roberti@health.ok.gov)**