SOUTH DAKOTA DEPARTMENT OF HEALTH

National Registry EMT Psychomotor Exam Request Form

This paperwork must be submitted to OEMS 21 days prior to the Practical is going to take place. This is to ensure all proper paperwork is prepared for the test.

Class Number _____ Test Location _____ Test Date _____

Time _____ AM/PM Course Coordinator _____

Mailing Address for Test Materials to be sent:

_____

_____

Student Names who are testing (**This must be legible**): **Keep in mind, if the student's name is not on this list, they will not be allowed to test on the testing date/time you listed above.**

1. _____	19. _____	37. _____
2. _____	20. _____	38. _____
3. _____	21. _____	39. _____
4. _____	22. _____	40. _____
5. _____	23. _____	41. _____
6. _____	24. _____	42. _____
7. _____	25. _____	43. _____
8. _____	26. _____	44. _____
9. _____	27. _____	45. _____
10. _____	28. _____	46. _____
11. _____	29. _____	47. _____
12. _____	30. _____	48. _____
13. _____	31. _____	49. _____
14. _____	32. _____	50. _____
15. _____	33. _____	51. _____
16. _____	34. _____	52. _____
17. _____	35. _____	53. _____
18. _____	36. _____	54. _____

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