New Hampshire
Emergency Medical Services
Region 1

IMPORTANT: Completion of this form does not mean that you are registered for the examination. You must contact the Northern N.H. EMS Field Office at 603-223-4200 to verify your eligibility and register with the State **prior** to submitting your registration form.

PLEASE PRINT LEGIBLY

Name: _____ Date of Application: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Type of Examination ❑ EMT-B ❑ First Responder

❑ Initial ❑ Retest

Location of Exam: _____ Date of Practical Exam: _____

IMPORTANT – PLEASE READ

The exam fee **must** accompany the application and must be postmarked **10 working days prior** to the exam for the candidate to be eligible to test. Payment must be made by bank check or money order payable to: **RegionOne EMS**. No cash will be accepted. Payments not received prior to the Monday before the test date will be subject to a $25.00 fee. ***Be sure to include your email address above - we will send a confirmation email to the address on this form when we receive your registration form and payment.***

Send the payment to: DLS Region 1 EMS, PO Box 195, Georges Mills, NH 03751-0195

No refunds will be given for cancellation unless the Region 1 Council Exam Committee is notified at least 48 hours prior to the scheduled exam date. Email the exam committee at: registrations@nhregion1ems.org; or call 603-448-7633. The exam fee is not tax deductible.

The practical exam fee schedule is below

First Responder Exam:	$60.00
EMT Exam:	$70.00
First Responder Retest:	$15.00 per station (up to 2 stations)
EMT Retest:	$15.00 per station (up to 2 stations)

Candidates for First Responder and EMT Exams are eligible to re-test up to two stations on the day of the initial exam for no extra fee.

ADMINISTRATIVE USE ONLY:

❑ EMT ❑ FR ❑ Initial ❑ Retest ❑ DB

Paid Check # _____ Date: _____

Amount Paid: _____ Region 1 Rep: _____