

# NEW HAMPSHIRE -EMS REGION I

## PRACTICAL EXAM APPLICATION

**COMPLETION OF THIS FORM DOES NOT MEAN YOU ARE REGISTERED FOR THE EXAMINATION. SIGN-UPS FOR THE PRACTICAL EXAM WILL BE COMPLETED BY CONTACTING THE NORTHERN N.H. EMS FIELD OFFICE AT 603-752-7531.**

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Examination: \_\_\_\_\_ EMT-B \_\_\_\_\_ First Responder

\_\_\_\_\_ Initial \_\_\_\_\_ Retest

Location of Exam: \_\_\_\_\_ Date of Practical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

## IMPORTANT – PLEASE READ

Exam fee must accompany the application and must be received **10 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: Region One EMS  
**NO CASH WILL BE ACCEPTED.** Send the payment to NH EMS Region 1, Box 222  
Grantham, NH 03753

**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](mailto:registrations@nhregion1ems.org); or call: 603-863-6125. The exam fee is not tax deductible.

The practical exam fee schedule is as follows:

First Responder Exam: \$50.00  
EMT Exam: \$60.00  
First Responder retest: \$10.00 per station (Up to 2 stations)  
EMT retest \$10 per station (Up to 2 stations)

---

ADMINISTRATIVE USE ONLY ( ) DB ( ) EMT( ) FR ( ) Initial( ) Retest ( )

Paid check # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid. \$ \_\_\_\_\_ Region 1 Rep. \_\_\_\_\_