

SC National Registry EMT Practical Examination

Please read and document carefully and make sure you understand the procedures:

1. If you are taking the practical stations for the first time, or re-testing individual stations, please fill out the form below and send to the test site with your registration fees (in the form of cashiers check, money order, credit card, etc. made out to PDREMS.) **Form and fees must be made no later than 10 calendar days prior to test date.** Indicate which skills and/or stations you need. The test fee is \$25.00 per station.
2. It is very important that we have the following information in order to ensure that you can be registered for the exam.
3. You MUST bring a Photo ID for the exam!

Registration for the EMT Exam

Pee Dee Regional EMS

1314 W. Darlington Street

Florence, SC 29501

Phone (843) 662-5771 Fax (843) 662-9444

Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____ CIS # SC _____

Instructor name: _____ Class Number: _____

Last 4 of Social Security # _____ Training institution: _____

Date of Exam: _____ Testing all 4 stations _____

Patient Assessment: Trauma ___ Medical ___ Airway: _____ CPR/AED
_____ Random Skill: _____

If you are re-testing a specific skill please list: _____