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**Specific Certification/Endorsement Examinations**

**Complete and return via e-mail to** **EMSTesting@wv.gov**

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| --- |
| **Option 1: Educational Institute Examination Request** |
| Educational Institute: |   |
| Address: |   |
| City: |   |  | State: |  |  | Zip: |   |  | Phone: |   |
| Educational Director/Lead Instructor: |   |
| Educational Director/Leader Instructor Signature |   |
| Examination Type: [ ]  EMT Initial Psychomotor [ ]  AEMT [ ]  C3IFT [ ]  MCCP/MCCN  |
| WVOEMS Course ID Number  |
| Number of Candidates Testing: |   |  |
| Optional Test Dates: | Option 1:  |   | Option 2:  |   |
| Preferred Test Day: [ ]  Tuesday [ ]  Thursday [ ]  Friday Time: [ ]  9:00 a.m. [ ]  10:00 a.m. [ ]  11:00 a.m. [ ]  12:00 p.m. [ ]  1:00 p.m.  |
| **Option 2: Individual Retesting Request at WVOEMS Office** |
| Last Name: |  | First Name: |  | Middle Initial: |  | WV Cert #: |
|   |  |   |  |   |  |   |
| Contact Phone: |   | E-mail Address: |   |
| Examination Type: [ ]  EMT Initial Psychomotor [ ]  AEMT [ ]  C3IFT [ ]  MCCP/MCCN  |
| Day of Preferred Testing: ☐ Monday ☐ Wednesday  |
| Time: [ ]  9:00 a.m. [ ]  10:00 a.m. [ ]  11:00 a.m. [ ]  12:00 p.m. [ ]  1:00 p.m.  |
|  | Option 1:  |  | Option 2:  |   |
|  |
| **WVOEMS USE ONLY** |
| Scheduled Test Date: |  |   |   |
| Time: | [ ]  9:00 a.m. [ ]  10:00 a.m. [ ]  11:00 a.m. [ ]  12:00 p.m. [ ]  1:00 p.m.  |
| Testing Unit Representative: |   |
| Testing Unit Representative Signature: |   |
| Date Approved: |   |