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**Specific Certification/Endorsement Examinations**

**Complete and return via e-mail to** [**EMSTesting@wv.gov**](mailto: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: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |