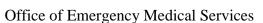


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH





EMT PRACTICAL CERTIFICATION EXAMINATION REVIEW AND RETRAIN FORM

TO BE COMPLETED BY CERTIFIED EMSI ONLY

The individual named below attended an approved State of Connecticut, Department of Public Health, Emergency Medical Technician Practical Examination, and did not successfully complete **one** station. In order to be eligible for EMT certification, candidate must successfully complete a Review and Retrain (R&R) session conducted by two (2) currently certified Connecticut EMS-Instructors.

conducted by two (2) currently certified Connecticut EMS-Instructors.			
CANDIDATE INFORMATION:			
NAME	EMAIL		
LAST FOUR DIGITS OF SSN	PRIMAF	PRIMARY PHONE	
The above named candidate completed a Practical Exfollowing station:	xamination on		_ and failed the
Cardiac Arrest Management-AED Medical Assessment Trauma Assessment	Bag Valve Mask Random Skills: Joint Injury	Long-Bone	Bleeding Control
We certify the above named candidate completed has demonstrated satisfactory skill ability pursua and 2009 National Educational Standards for the requirements.	nt to the 2007 Nationa	al EMS Scope	of Practice Model
CT CERTIFIED EMS INSTRUCTOR:	CT CERTIFIEI	CT CERTIFIED EMS INSTRUCTOR:	
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
DATE CT EMSI CERT #	DATE		CT EMSI CERT #
PRIMARY PHONE	PRIMARY PHONE		
EMAIL	EMAIL		_