



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
 Office of Emergency Medical Services



**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.

**CANDIDATE INFORMATION:**

NAME _____	EMAIL _____
LAST FOUR DIGITS OF SSN _____	PRIMARY PHONE _____

The above named candidate completed a Practical Examination on \_\_\_\_\_ and failed the following station:

- |                               |   |
|-------------------------------|---|
| Cardiac Arrest Management-AED | Bag Valve Mask                                    |
| Medical Assessment            | Random Skills:                                    |
| Trauma Assessment             | Joint Injury      Long-Bone      Bleeding Control |

**We certify the above named candidate completed a Review & Retrain session for the failed station, and has demonstrated satisfactory skill ability pursuant to the 2007 National EMS Scope of Practice Model and 2009 National Educational Standards for the Emergency Medical Technician training program requirements.**

**CT CERTIFIED EMS INSTRUCTOR:**

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ CT EMSI CERT # \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**CT CERTIFIED EMS INSTRUCTOR:**

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ CT EMSI CERT # \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_