



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, EMT or EMR 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
Medical Assessment
Trauma Assessment

Bag Valve Mask
Random Skills:
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