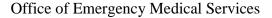


STATE OF CONNECTICUT

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. Email to dph.emslicensing@ct.gov

conducted by two (2) currently certified Connecticut CANDIDATE INFORMATION:		-	
NAME	EMAIL		
LAST FOUR DIGITS OF SSN	PRIMAR	PRIMARY PHONE	
The above named candidate completed an (EMT and failed the following sta	, ,	al Examination	on
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 pursual and 2009 National Educational Standards for the requirements.	nt to the 2007 Nationa	l EMS Scope o	f Practice Model
has demonstrated satisfactory skill ability pursual and 2009 National Educational Standards for the	nt to the 2007 Nationa	l EMS Scope o echnician train	f Practice Model ning program
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has demonstrated satisfactory skill ability pursual and 2009 National Educational Standards for the requirements. CT CERTIFIED EMS INSTRUCTOR: PRINTED NAME SIGNATURE	of to the 2007 Nationa Emergency Medical T CT CERTIFIED PRINTED NAME SIGNATURE	l EMS Scope of Sechnician train	f Practice Model ning program UCTOR: