



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. Email to dph.emslicensing@ct.gov

CANDIDATE INFORMATION:

NAME

EMAIL

LAST FOUR DIGITS OF SSN

PRIMARY PHONE

The above named candidate completed an (EMT) (EMR) 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:

CT CERTIFIED EMS INSTRUCTOR:

PRINTED NAME

PRINTED NAME

SIGNATURE

SIGNATURE

DATE

CT EMSI CERT #

DATE

CT EMSI CERT #

PRIMARY PHONE

PRIMARY PHONE

EMAIL

EMAIL