

Host Application for Practical Examination Site

**Mail the completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036
Or Fax the completed form to (208) 334-4015 or e-mail to EMSCourses@dhw.idaho.gov
Questions?– call (208) 334-4000 or (877) 554-3367**

Organization Name:

Contact Person:

Mailing Address:

City

State

Zip

Phone Number:

Cell Phone Number:

Email address:

Level of Examination BLS (EMR/EMT) ALS (AEMT/Paramedic)

Testing Optional Modules only? Yes or No

Open or Closed examination (if closed, which courses can apply for this exam?)

Number of anticipated candidates by level:

BLS		ALS	
EMR	EMT	AEMT	Paramedic

PLEASE NOTE: Minimum number of candidates needed to hold exam = 10/BLS or 10/ALS

Optional Modules to be Tested
(Check all that apply)

EMR	EMT
<input type="checkbox"/> Spinal Immobilization: Supine	<input type="checkbox"/> Supraglottic Airway
<input type="checkbox"/> Spinal Immobilization: Seated	<input type="checkbox"/> Intravenous Therapy
<input type="checkbox"/> Extremity Splinting: Long Bone or Joint	<input type="checkbox"/> Intraosseous Infusion

Physician of Record:

(Required for ALS and EMT Optional Module exams)

Exam Location:

Physical Address:

Street

City

State

Zip

Requested Date

Requested Time

Are you intending to request another exam within 6 months of this date? Yes or No

Host site examination fee (if any)	EMR	EMT	AEMT	Paramedic
Host Site examination "walk on" fee (if any)	EMR	EMT	AEMT	Paramedic
Host site retest fee (if any)	EMR	EMT	AEMT	Paramedic

Host Site Walk-on Policy (indicate fee above): _____

Host Site Retest Policy (indicate fee above): _____

Date Received



Date Confirmed



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HEALTH & WELFARE