WRITTEN TEST REQUEST - EMR

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60016 (4/2015)

ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF 2 WEEKS PRIOR TO SCHEDULED TEST DATE.

Course Authorization Number	Course Coordinator Number
Scheduled Completion Date	Scheduled Test Date
Number of Tests Requested	

Send test materials to:

Name		
Street		
City	State	Zip Code

Test booklets and answer sheets for the number requested, along with one master answer key will be sent prior to the scheduled testing date unless otherwise noted by DEMST.

Do NOT write on test booklets and answer keys.

Return test booklets and answer keys to DEMST.

A licensed EMS Instructor / Coordinator or CEC may also create a test and is not required to use a test supplied by DEMST.

Send test request to:

ND Department of Health
Division of EMS and Trauma
600 E Boulevard Ave - Dept 301
Bismarck ND 58505-0200

Phone: 701.328.2388
Fax: 701.328.1702
Email: dems@nd.gov
www.ndhealth.gov/ems

DEMST use only:

Date materials sent:

Test version sent:

Date materials returned: