

**DEADLINE TO
RECEIVE YOUR
REGISTRATION IS:
Sept. 22, 2010.**

**MEMSA
425 EAST HIGH
JEFFERSON CITY, MO 65101
888-410-1557**

← Mail to Memsa.
Or Fax all paperwork to:
Fax: 573-761-9961

National Registry Paramedic Practical Exam Registration

I wish to register for the National Registry Paramedic Exam scheduled for the Blue River Community College, Independence, MO.

Practical Exam Date: October 16, 2010 at 8:00 a.m.

PRACTICAL EXAM REGISTRATION FEES

Practical Exam fees are payable to MEMSA Regional Test by **money order or debit/credit card only. No personal checks are accepted.** The fees are non-transferable and non-refundable, unless the exam is cancelled by MEMSA or the National Registry.

	Station 1		2		3		4		5		6		7		
	ORAL		Medical Assessment	Trauma Assessment	VENT MGMT		CARD MGMT		IV MEDS		PEDS SKILLS		RANDOM BASIC SKILLS		
	A	B	M	T	AD	DL	DY	ST	IV	BO	VE	IO	SE	SU	BL
Paramedic Check Box™															
EMT-I 99 Only™															
EMT-I 85 Only™															

Put an X in the box of the skills to be tested if you are re-testing. Initial exam will require all stations to be tested.

I am registering for the **entire practical @ \$210.00. MONEY ORDER ENCLOSED**

stations to be **re-tested** @ \$35 ea = **MONEY ORDER ENCLOSED**

I wish to register for the National Registry Paramedic Exam as indicated above. I understand that the practical exam fee must be paid in advance and is non-refundable and non-transferable.

NAME: SSN: - -

Address: (H. Ph. #) (W. Ph. #)

City, State, Zip:

Applicant's Signature: Date:

Paramedic School Attended: State:

PAYMENT: Amount Enclosed Money Order #
 Credit Card: MC VISA Discover
 Name on Card Address if different from above:
 Card # Exp Date
 Signature Email: