

**DEADLINE TO
RECEIVE YOUR
REGISTRATION IS: ▼**

September 23, 2009

**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:

Location ► **Blue River Community College, Independence, MO**

Practical Exam Date ► **Saturday, October 17, 2009**

PRACTICAL EXAM REGISTRATION FEES

Practical Exam fees are payable to MEMSA Regional Test by **money order only**. 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: _____