



Village Ambulance Service

EMS Training Programs

e-mail: education@villageambulance.com • phone: 413-458-4889



APPLICATION FOR NREMT PSYCHOMOTOR EXAM AT VILLAGE AMBULANCE SERVICE

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

First Name MI Last Name

Date of Birth (mm/dd/yyyy) EMT Program ID# (if applicable)

Street Address

City State Zip

Daytime Telephone Evening Telephone e-mail Address

Last 4 digits of SS# XXX-XX-_____

Which training program did you complete? _____

Instructor's Name: _____

Instructor's e-mail address: _____

EXAMINATION LEVEL (CHECK ONE)

BLS ALS

APPLICATION TYPE (CHECK ONE)

Initial Test (\$100) Retest – 1 station (\$75) Station # _____ Retest – all stations (\$100)

REQUIREMENT: All retest candidates must bring the OEMS green retest form to the exam!

Date of Exam: _____ Time of Exam: _____ Patient Name: _____

I certify that I have met all requirements established by my affiliate training program, the Massachusetts Department of Public Health Office of Emergency Medical Services and the National Registry of EMTs, and that I am eligible to take the psychomotor examination. Furthermore, I understand that the Village Ambulance Service (NREMT) psychomotor examination fee is separate from the NREMT cognitive examination fee, state certification fee and any fees associated with my affiliate training program. The psychomotor examination fee is non-refundable. I understand that falsification of any information on this document is grounds for dismissal from the examination without notice.

Signature Date

PAYMENT INFORMATION

Payment in the form of check, money order or bank check may be made payable and mailed to **Village Ambulance Service, Attn: Education Dept., 30 Water Street, Williamstown, MA 01267**