

Emergency Medical Responder
TRAINING AND TESTING VERIFICATION FORM

EXAMINEE INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

EXAMINEE TRAINING INFORMATION

Date Examinee completed the EMR training: ____/____/____

Course Authorization Number: _____

What Facility provided the EMR Course?

☐ TRAINING PROGRAM: Name of Training Program _____ Site
Code _____

☐ Ambulance Service or EMRA: Name of service _____

If the course was not taught at the above facility, provide the location of the
class _____

TRAINING VERIFICATION STATEMENT

I verify that the above named student has passed the Emergency Medical Responder (First Responder) curriculum and final practical examination within the past 24 months and that the training is currently approved by the Oklahoma State Department of Health - Emergency Medical Services Division.

Instructor Printed Name

Instructor Signature

Date

Instructor Email

Instructor Phone

NOTES: _____

THIS APPLICATION IS NOT VALID WITHOUT THE WRITTEN EXAM RECORD, OKLAHOMA EMR INITIAL APPLICATION FORM AND AFFIDAVIT OF LAWFUL PRESENCE (SEE FOLLOWING PAGES)

WRITTEN EXAM RECORD

The Test Site Coordinator must sign and date this form at each EMR Written examination. Examinees that fail three attempts of the written examination within two years of original training must complete a new EMR Course

Written Exam 1 _____

Test Site Coordinator Signature

_____ Date

Test 1 OVERALL SCORE _____ ☐PASS ☐FAIL

Airway score _____

Trauma Score _____

Cardiology Score _____

OB/Ped Score _____

Medical Emer.Score _____

EMS Ops Score _____

Written Exam 2 _____

Test Site Coordinator Signature

_____ Date

Test 2 OVERALL SCORE _____ ☐PASS ☐FAIL

Airway score _____

Trauma Score _____

Cardiology Score _____

OB/Ped Score _____

Medical Emer.Score _____

EMS Ops Score _____

Written Exam 3 _____

Test Site Coordinator Signature

_____ Date

Test 3 OVERALL SCORE _____ ☐PASS ☐FAIL

Airway score _____

Trauma Score _____

Cardiology Score _____

OB/Ped Score _____

Medical Emer.Score _____

EMS Ops Score _____

CANDIDATE INSTRUCTIONS:

When you have passed the written exam, complete the Oklahoma EMR Initial Application form and the Affidavit of Lawful Presence (Pages 3 and 4) and send pages 1-4 with the \$10 Fee to:

**Financial Management
Emergency Systems
Oklahoma State Department of Health
123 Robert S. Kerr Ave Suite 1702
Oklahoma City, OK 73102-6406**

If you unsuccessfully attempt the written exam three times, please return page 1 and 2 to:
OSDH-Emergency Systems * 123 Robert S. Kerr Ave Suite 1702 Oklahoma City, OK 73102-6406