



AEC
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NREMT Practical Exam Registration Form

Name (Last, First, MI): _____ **SSN:** _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: (Day) _____ **(Evening)** _____
Email address: _____ **Exam Date:** _____

Level at which you are testing (please circle): NREMT-Intermediate NREMT-Paramedic
Practical station registering for (please circle): \$35/station or \$255 for all

All Stations Static Cardiology Dynamic Cardiology Oral Boards IV Therapy

Adult Vent. Mgmt. Dual Lumen Airway Peds. Vent. Mgmt. Pediatric IO

BLS Random-specify which () Trauma Pt Assessment Medical Pt Assessment

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A non-refundable fee of \$25 will be charged to any cancellations made more than 2 weeks prior to the exam date. Registrant who fail to attend the exam or cancel less than 2 weeks prior to the exam date will be subject to forfeiture of the entire registration fee.