

# MEMSA EMT - BASIC PRACTICAL EXAMINATION REGISTRATION FORM

(Must accompany the EMT-B practical examination tally form with proper payment attached)

I wish to register for the Missouri State (NR accepted) EMT-Basic Practical Examination scheduled on:

DATE:

LOCATION:

Please put the date of the exam here

Site location here

Student Registration: PLEASE PRINT

NAME:

SSN:

ADDRESS:

HOME  
PHONE #:

APT/LOT:

CELL  
PHONE #:

CITY:

STATE:

ZIP:

\*EMAIL ADDRESS:

MO School where you took your EMT-B Course:

Currently licensed as a Missouri EMT-Basic check here:

I understand that the fee must be paid in advance and is non-refundable and non-transferable.

Applicant's Signature:

Date:

Payment for this practical examination must be paid with a money order only!  
Make money order out to MEMSA

MONEY ORDER NUMBER	AMOUNT OF MONEY ORDER ENCLOSED
#	\$

CHECK APPROPRIATE BOX FOR STATION(S) TO BE TESTED:

Which exam are you registering for?

INITIAL EXAM

RETEST

Which station are you registering for?

BOTH

ASSESSMENT

SKILLS

STATIONS

ONLY

ONLY

(\$70.00)

(\$35.00)

(\$35.00)

This application must be completed in full and received at the MEMSA office 3 weeks and 3 days prior to the practical exam.

Please mail your Tally Form, MEMSA Registration Form, and MO to MEMSA:

MEMSA's mailing address is:

**MEMSA, 425 East High Street, Jefferson City, MO 65101**

[www.memsa.org](http://www.memsa.org)

rev: 11/20/07