



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

EMT PRACTICAL CERTIFICATION EXAMINATION REVIEW AND RETRAIN FORM

The individual named below attended a State of Connecticut, Department of Public Health, Emergency Medical Technician Certification, Practical Examination, and did not successfully complete one station. In order to be eligible for the EMT certification written examination, this individual must successfully complete a Review and Retrain (R&R) session for the following Station (**please check one**).

<input type="checkbox"/> Spinal Immobilization-Seated Patient	<input type="checkbox"/> Trauma Assessment
<input type="checkbox"/> Medical Assessment	<input type="checkbox"/> Bag Valve Mask
<input type="checkbox"/> Cardiac Arrest Management-AED	<input type="checkbox"/> Immobilization Skills- <input type="checkbox"/> Joint Injury <input type="checkbox"/> Long-Bone

This R&R must be conducted by two (2) currently certified Connecticut EMS-Instructors. Please complete a Review and Retrain session for the station failed and complete the portion below.

This is to certify that:

Candidate's Printed Name: _____

Social Security No.: _____ - _____ - _____ Daytime Phone Number: (____) _____ - _____

has demonstrated a satisfactory skill ability pursuant to the Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic training program requirements for the station as checked above.

EMS INSTRUCTORS:

_____/_____/_____
Printed Name CERT # DATE Signature

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

_____/_____/_____
Printed Name CERT # DATE Signature

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

If the candidate was not able to demonstrate satisfactory skill ability for the above referenced station, please explain: _____

Please return this completed form via facsimile to (860) 509-7987, ATTN: EMT Examination Scheduling or mail it to:

Department of Public Health
EMT Examination Scheduling
410 Capitol Ave., MS # 12 EMS
PO Box 340308
Hartford, CT 06134
Tel. (860) 509-7558