

Return to: Rescue Training Inc  
 9 Mall Terrace  
 Savannah, GA 31406



Office (912) 692-8911 Fax (912) 692-1338 Toll free (877) 692-8911

Please type or print this form and return it along with payment prior to the cut-off date.

No personal checks. Money Order, Cashier's Check, Business/Company Check, and VISA/MasterCard/Discover

EXAM LOCATION: SAVANNAH, GA CUT-OFF DATE: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

PATT # (Psychomotor Authorization to Test): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

**Select Exam Level:**

\_\_\_\_\_ Full Practical Exam

**LEVEL:**

\_\_\_\_\_ Paramedic (\$250) \_\_\_\_\_ Advanced EMT (\$150)

STATION (SKILL) ONLY EXAM: Please circle the practical skill(s) that you are required to take and bring your letter from the National Registry listing the skill(s) you must retest. Retest fees are **\$35.00** per station.

Trauma Assessment	Medical Assessment	Random – Shock	Random – Seated
Random – Supine	Supraglottic Airway	IV Therapy	IV Bolus (Meds)
Cardiac Dynamic	Cardiac Static	Oral Station A	Oral Station B
Pediatric Airway ET	Pediatric IO	Airway Dual Lumen	Adult Airway ET
Cardiac Arrest w/AED	Pediatric Respiratory Compromise	Random-Long Bone Immobilization	Random-Joint Immobilization

\_\_\_\_\_ - Out of Hospital Scenario Station – Paramedic Only

*The Registration Form with payment must be received by the cut-off date to be guaranteed a seat at the National Registry Practical Exam. There is no refund of Practical Exam fees after the cut-off date. Any application submitted without payment will be disregarded.*

*I understand the refund policy and the cut-off date: (sign)* \_\_\_\_\_

\_\_\_\_\_ If you have any questions, feel free to call either Carol or Misty at 912-692-8911

***Saving Lives Through Education!***