

**BLUE RIDGE EMS COUNCIL  
CONSOLIDATED TESTING  
INDIVIDUAL REGISTRATION FORM**

Please Print:

Test Candidate's NAME: \_\_\_\_\_

EMS Certification # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DO NOT USE SOCIAL SECURITY #) *Month* *Day* *Year*

ADDRESS: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMS AGENCY AFFILIATION: \_\_\_\_\_

TEST DATE REQUESTED \_\_\_\_\_

**TEST: (check one)**     First Responder     EMT-Basic     EMT Instructor Pre-Test

Enhanced     Intermediate     Paramedic     EMT Instructor

**Please check:**     Written & Practical     Written Only     Practical Only

**Please check:**     Initial Test     Re-Test     Re-Entry     Re-Certification     2<sup>nd</sup> Set Testing

**If Re-Testing Practical (check all that apply):**     Trauma     Medical

Random Skills:     Airway     Bleeding/Shock     Immob Joint     Immob Longbone  
 Immob Traction     Spinal Immob –Seated (KED)     Spinal Immob Supine (backboard)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Testing Fee:** If taking the **First Responder/EMT-B Practical** Initial, Re-Entry or 2<sup>nd</sup> set Initial Test: **\$50.00 for practical test. Retesting a practical: \$25.00 NO CHARGE FOR WRITTEN ONLY. Retesting, Re-Certification, Re-Entry, and Secondary Testing Candidates need to attach a copy of your Test Eligibility Letter to this form.**

Registration forms and fees (made payable to: BREMS Council) are due No Later Than 10 days prior to the testing date. After completing this form, MAIL, (fax will not be accepted) or hand deliver, with the applicable fee to: **Blue Ridge EMS Council, Attn: Test Site Coordinator  
1900 Tate Springs Road, Suite #14  
Lynchburg, VA 24501**

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**FOR INFORMATION: Call (434) 947-5934 or Web: [www.blueridge.vaems.org](http://www.blueridge.vaems.org)**

(For Office Use Only)

*Updated 1/3/2011*

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Confirmation \_\_\_\_\_