



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



OFFICE OF EMERGENCY MEDICAL SERVICES

EMT PRACTICAL CERTIFICATION EXAMINATION REVIEW AND RETRAIN FORM

This is to certify that _____ (candidate) has successfully completed a Review and Retrain (R&R) session for the following station (Please check only the one that applies).

Table with 2 columns and 3 rows of checkboxes for skills: Spinal Immobilization-Seated Patient, Medical Assessment, Cardiac Arrest Management-AED, Trauma Assessment, Bag Valve Mask, Immobilization Skills-Joint Injury, Long-Bone.

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

NOTE: R&R session must be conducted by two (2) currently certified Connecticut EMS-Instructors (identified below) and be submitted by one of the two only.

We, the undersigned, attest the information contained herein is true under penalties of perjury.

EMS INSTRUCTORS:

Printed Name CERT # Date Signature
Daytime Phone Number: (____) _____ - _____ E-mail: _____

Printed Name CERT # Date Signature
Daytime Phone Number: (____) _____ - _____ E-mail: _____

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

Empty rectangular box for explanation.

Please return this completed form (only acceptable from an EMS Instructor)
via email: dph.emslicensingandrenewal@ct.gov
via fax: (860) 920-3142
via US mail:

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