

it to:

## 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).

Spinal Immobilization-Seated Patient		Trauma Assessment
	Ш	Bag Valve Mask
Cardiac Arrest Management-AED	Ш	☐ Immobilization Skills-☐Joint Injury ☐ 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
Daytime Phone Number: ()		E-mail:
Printed Name CERT#		DATE Signature
Daytime Phone Number: ()		E-mail:
f 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 Department of Public Health

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