

Candidate Practical Examination Registration Form

3/10/08

**Mail the completed form to EMS Bureau 601 Pole Line Road #7 Twin Falls, ID 83301
Or Fax the completed form to 208-736-3016 Questions? – call 208-736-2162**

Application Date: _____ Telephone Number: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____
City State Zip

Course Completion Date: _____ Course Number: _____

Selected Examination

Location _____ Date _____

Level of Examination _____

Signature Line _____

For Bureau Use Only

Date Received

Date Confirmation Postcard Sent



Date Confirmed

Date Denial Postcard Sent



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HEALTH & WELFARE