

**Host Application for Mobile Written Examination Site**

**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**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Examination Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Open or  Closed examination

Number of anticipated candidates by level \_\_\_\_\_ FR \_\_\_\_\_ EMT

(Minimum number of candidates = 5 for written )

Host Site Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City State Zip

Requested Date(s) \_\_\_\_\_

Number of examination rooms available \_\_\_\_\_

**For Bureau Use Only**

Date Received



Date Confirmed



IDAHO DEPARTMENT OF  
HEALTH & WELFARE