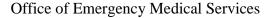


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH





EMT PRACTICAL CERTIFICATION EXAMINATION REVIEW AND RETRAIN FORM

TO BE COMPLETED BY CERTIFIED EMSI ONLY

The individual named below attended an approved State of Connecticut, Department of Public Health, Emergency Medical Technician Practical Examination, and did not successfully complete **one** station. In order to be eligible for EMT certification, candidate must successfully complete a Review and Retrain (R&R) session conducted by two (2) currently certified Connecticut EMS-Instructors.

CANDIDATE INFORMATION:			
NAME	EMAIL		
LAST FOUR DIGITS OF SSN	PRIMAF	RY PHONE	
The above named candidate completed a Practica following station:	l Examination on		_ and failed the
Cardiac Arrest Management-AED Medical Assessment Trauma Assessment	Bag Valve Mask Random Skills: Joint Injury	Long-Bone	Bleeding Control
We certify the above named candidate completed has demonstrated satisfactory skill ability pursuand 2009 National Educational Standards for trequirements.	suant to the 2007 Nationa	al EMS Scope	of Practice Model
has demonstrated satisfactory skill ability purs and 2009 National Educational Standards for t	suant to the 2007 Nationa	al EMS Scope o Fechnician trai	of Practice Model ining program
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has demonstrated satisfactory skill ability purs and 2009 National Educational Standards for trequirements. CT CERTIFIED EMS INSTRUCTOR: PRINTED NAME SIGNATURE	crant to the 2007 National the Emergency Medical To the Emergency Medic	al EMS Scope of Fechnician training tra	of Practice Model ining program UCTOR: