



**MITCHELL E. DANIELS, Jr., Governor**  
**STATE OF INDIANA**

**DEPARTMENT OF HOMELAND SECURITY**

**J. ERIC DIETZ, EXECUTIVE DIRECTOR**

*Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204  
317-232-3980*

**CHECK ONE:**

- We will NOT be able to accept additional students (we have 15+ students)
- We WILL ACCEPT additional students to our exam roster

**PRACTICAL SKILLS EXAMINATION RESERVATION for EMT-B or EMT-BA**

To be received by Department of Homeland Security Training Staff 30 days or more prior to requested exam date. You may FAX at your own risk. **MINIMUM OF 9 ROOMS REQUIRED for EMT-B, 6 rooms for EMT-BA.**

**TRAINING INSTITUTION:** \_\_\_\_\_

**TRAINING INSTITUTION OFFICIAL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PRIMARY INSTRUCTOR:** \_\_\_\_\_

**E-MAIL ADDRESS FOR PI:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE REQUESTED:** \_\_\_\_\_ **ORIENTATION STAFF TIME:** \_\_\_\_\_ **COURSE #** \_\_\_\_\_

**ADDRESS/LOCATION OF PRACTICAL SITE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT/EXAMINEE NAMES:**

**INITIAL OR RETEST-CRS #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

**\*MINIMUM OF 10 students/practical examination site. If your course is less than 10 students you will need to consolidate with another course.**

10. \_\_\_\_\_

**STUDENT/EXAMINEE NAMES:**

**INITIAL OR RETEST-CRS #**

11.	_____
12.	_____
13.	_____
14.	_____
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34.	_____
35.	_____
36.	_____
37.	_____

**REMEMBER, we will find your Practical Skills Representative. There is no need for you to find your “rep”. We take care of this for you and insure that the “rep” has all needed exam documentation materials. This allows more time for you to be sure your equipment, rooms, and evaluators are appropriate. We do send additional “reps” as needed for larger exams.**