



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court, Prattville, AL 36066



National Registry Exam Request

Exam Information

Exam Level

Advanced EMT

Paramedic

Host School Name: _____

Exam Date Requested: ____ / ____ / ____

Exam Time Requested: _____

Medical Director: _____ D.O.

M.D.

National Registry Representative: _____

Exam Location: _____

Exam Address: _____

Street

City State Zip

Exam Site Coordinator: _____
(Program Director)

Contact Phone Number: ____ - ____ - ____

E-mail Address: _____ @ _____

Contact Us

Contact: Kimmi Wilson
kimberly.wilson@adph.state.al.us

Phone: (334) 290-3088
Fax: (334) 206-0364

Disclosure

Exam Requests must be submitted to the Office of EMS, no later than 6 weeks prior to the exam. The attached attendees list must contain the candidate name, level, and the PATT number issued by National Registry, and must be submitted no later than 3 weeks prior to the exam date.

Submit by Fax or e-Mail. Mailing may cause a delay.