

Examination Request Form
for
First Responder National Registry

To: Gail Lambert
Mississippi State Department of Health
Division of Emergency Medical Services
570 Woodrow Wilson
Post Office Box 1700
Jackson, MS 39215 - 1700

From: _____

Address: _____

City/State/Zip: _____

Phone: _____

Test Site: _____

Dates Requested: 1. _____

2. _____

3. _____

Exam Time: _____

Number of Applicants: _____

Please submit three dates, not in the same week, nights and weekends are acceptable. Each applicant is required to submit a certificate of completion for a 40 hour First Responder Course or a twelve hour First Responder Refresher Course completed within the last two years. Applications, certificates and \$20.00 examination fee will be collected on the day of examination. Money orders and business checks only, made payable to the Mississippi State Department of Health.