



WRITTEN TEST REQUEST - EMR
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF EMERGENCY MEDICAL SYSTEMS
 SFN 60016 (03/2021)



All requests must be submitted to DEMS a minimum of **two weeks** prior to scheduled test date.

Course Authorization Number	Course Coordinator Number
Scheduled Course Completion Date	Scheduled Test Date
Number of Tests Requested	

SEND TEST MATERIALS TO

Name		
Address		
City	State	ZIP Code

Test booklets and answer sheets for the number requested, along with one master answer key will be sent prior to the scheduled testing date unless otherwise noted by DEMS.

Do NOT write on test booklets or answer keys.

Return test booklets and answer keys to DEMS.

A licensed EMS Instructor/Coordinator or CEC may also create a test. It is not required to use a test supplied by DEMS.

For DEMS Use Only:

Date materials sent:
Test version sent:
Date materials returned:



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