

Appendix A
The National Registry
of
Emergency Medical Technicians
6610 Busch Blvd.
Columbus, Ohio 43229
Telephone # (614) 888-4484

Questionnaire for Applicants
Requesting Examination Accommodations

1. For which of the following examinations are you requesting an accommodation? First Responder
 EMT-Basic
 EMT-Inermediate/85
 EMT-Intermediate/99
 Paramedic
2. Name: _____
Last Name First Name Middle Name
3. Address: _____
Street

City State Zip Code

Daytime Telephone Number
4. Social Security Number: _____ 5. Date of Birth: _____
6. What is the nature of your disability? Learning Disability Psychiatric Disability
 ADHD Physical Disability
 Other: _____
7. To facilitate the NREMT's processing of your request for an accommodation, please provide:
a: all requested documents in support of your request (*see the NREMT Americans with Disabilities Act policy for specific information as to requested documentation*)
b: A personal statement describing your disability and its impact on your daily life and educational functioning.
8. What accommodation(s) are you requesting? _____

Appendix A
The National Registry
of
Emergency Medical Technicians
6610 Busch Blvd.
Columbus, Ohio 43229
Telephone # (614) 888-4484

Name: _____
Last Name First Name Middle Name

9. List any prior classroom or test accommodations that you have received. Please include any accommodations you received while attending elementary school, secondary school, college and/or EMS training:

10. Certification/Authorization

I certify that the above information is true and accurate. If the accommodation granted includes extended time from the standard testing time schedule, I agree that from the time I begin my examination until I have completed it, I will not communicate in any way with any other individuals taking the examination about the content of the examination.

Signature: _____ Date: _____

11. Authorization for Release of Information

If clarification of further information regarding the documentation provided is needed, I authorize the National Registry of Emergency Medical Technicians to contact the professional(s) who diagnosed the disability and/or those entities who have provided me test accommodations. I authorize such professional(s) and entities to communicate with the National Registry of Emergency Medical Technicians in this regard to provide the National Registry of Emergency Medical Technicians with such clarification and/or further information.

Signature: _____ Date: _____