

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

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**Questionnaire for Applicants  
Requesting Examination Accommodations**

1. For which of the following examinations are you requesting an accommodation?  EMR  
 EMT  
 Advanced EMT  
 Paramedic
2. Name: \_\_\_\_\_  
Last Name First Name Middle Name
3. Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Email Address Daytime Phone Number
4. App # from your online account\*: 20 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*For your App #, create an online account at [www.NREMT.org](http://www.NREMT.org). Then, click on "Create Application". The App # begins with "20".

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**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: \_\_\_\_\_

*Next Steps:*

- *Submit this Questionnaire along with supporting documentation from an appropriately credentialed professional to accommodations@nremt.org.*
- *Please allow at least 30 days. If we don't receive the appropriate documentation, it may take longer.*
- *We will send you an email with a letter indicating the results of your accommodations review. This letter will provide detailed instructions on what to do next.*
- *Please do not schedule your exam until you receive this letter. If you do, you will not receive your accommodations and will need to reschedule.*
- *For more information, go to <https://nremt.org/Policies/Examination-Policies/ADA-Accommodations>.*