

Received by State Office

**EXAMINATION COVER PAGE**

**To be completed by Consultant:**  
Date Submitted: \_\_\_\_\_  
Region Number: \_\_\_\_\_  
Number Exam Given: \_\_\_\_\_

**To be completed by I/C:**  
**EXAM TYPE:**  
*(Check only one)*  
 EMR  
 EMT  
 AEMT  
 Paramedic  
 Critical Care Paramedic  
 Community Paramedic  
  
**Exam Date:** \_\_\_\_\_  
**Class Number:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
  
**Instructor/Coordinator:**  
\_\_\_\_\_

	Last	First	MI	SSN	PATT#	Practical (P/F)	Practical Retest (P/F)	*Mark "I" if incomplete
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**\*NOTE:** ONLY COMPLETED STUDENT FILES ARE TO BE SUBMITTED TO THE STATE OFFICE. STUDENTS THAT DO NOT COMPLETE THE CLASS OR HAVE MISSING/INCOMPLETE DOCUMENTS **SHOULD STILL BE LISTED** BUT IDENTIFIED IN THE FOLDER STATUS COLUMN WITH AN "I".